**COVID-19 Response Service - Offer of additional capacity**

**Please complete the below if you have already offered, or are able to offer, additional support**

|  |  |  |
| --- | --- | --- |
| **By completing this form, you are giving consent for this information to be shared with providers who are seeking to increase their capacity in response to the COVID-19 outbreak** | | |
| **Surname** |  | |
| **Forename** |  | |
| **Date of Birth** |  | |
| **GMC Number** |  | |
| **Address** |  | |
| **Mobile** |  | |
| **Email** |  | |
| **CCG area(s) where you will be available to work** |  | |
| **Please delete as applicable to indicate in what capacity would you be prepared to work?** | Face to face  Remote  Training  Co-ordination  Other (please specify)……………………………………… | |
| **Q1 – Are you working clinically now? If not, please state the date that you last worked clinically and go to Q5** |  | |
| **Q2 – If yes to Q1, on average how many hours/sessions per week do you usually work?** |  | |
| **Q3 – if yes to Q1, have you already increased your hours/sessions to support delivery of care as a response to the outbreak of COVID-19?** |  | |
| **Q4 - If yes to Q3, how many hours/sessions per week have you increased by?** |  | |
| **Q5 – please state how many sessions / hours you can offer per week** | (Per week)  Hours:  Sessions: | |
| **Q6 – If you have a smart card please confirm whether it is active or inactive and the number of the card.** | Active / Inactive:  Card No: | |
| **Q7 – Have you signed up to the DBS online update service? (delete as applicable) If yes please supply your certificate number** | Yes / No  Certificate number: | |
| **Q8 – In the first instance we anticipate directing additional capacity into the national NHS COVID-19 Response Service, which can be done remotely at home by telephone or online. Please confirm if you’re happy to offer support to this service.** | Yes / No | |
| **Q9 - If you are willing to support the national NHS COVID-19 Response Service please can you indicate whether you have access to equipment which meets the following requirements:** | A Windows PC or laptop which:   * is less than five years old * has all Windows updates applied to date * has an up to date antivirus solution * has Windows firewall enabled | * Yes / No * Yes / No * Yes / No * Yes / No |

**PLEASE COMPLETE THIS FORM AND RETURN TO** [**NHSI.MEDICALGP.RETURNERS@NHS.NET**](mailto:NHSI.MEDICALGP.RETURNERS@NHS.NET)