

GMB MEDICINES SURVEY 2011



GMB is campaigning to improve the system for supporting children with medical needs at school.

We need YOU to help by filling in this survey and getting your colleagues to do the same. You can make photocopies for your colleagues to complete.

Please fill in the survey and return it to Sharon Holder, GMB National Officer, GMB Freepost (WC2268) London SW19 4YY (you do not need a stamp). This will help us to effectively represent you at local and national level. Alternatively you can complete the survey online at www.gmb.org.uk/medicines

If you are not already a GMB member, please ensure you complete the application form overleaf or join online at www.gmb.org.uk/join before you return the survey.

1a) Your name, address & email:

1b) Local authority in which you work:

1c) Name and address of your school:

1d) Your job title & level:

2a) Do you, or have you ever, given medicine or medical support to a pupil? Yes No

2b) If yes, did you volunteer or is it in your job description to carry out this duty? Volunteer Job description

2c) Please give details of the medicines or medical support you have provided:

3) Do you receive any additional payment for carrying out this duty? Yes No First Aid only

4a) Do you feel you've had the relevant professional training you need to do this? Yes No

4b) Who trained/showed you what to do?

5) Do you feel you've had the support and supervision you need to do this? Yes No

6a) Does your school have a policy on first aid and medical support? Yes No Don't know

6b) If yes, do you think it accurately reflects the way medical support is actually provided at your school? Yes No

7) To your knowledge, are you covered by your employer for professional negligence insurance, should something go wrong? Yes No Don't know

8a) Have you ever felt vulnerable about being expected to give medicines or medical support? Yes No

8b) If yes, please give details

9) Have you ever felt pressurised into taking on this duty? Yes No

10a) Please give details of the medical facilities at your school (e.g. medical room, washbasin)

10b) Do you think these facilities are fit for purpose? Yes No

11a) Do you think your school's arrangements for providing medical support have got better or worse in the past 12 months? Better Worse Unchanged

11b) Has your own experience of providing medical support got better or worse in the past 12 months? Better Worse Unchanged

12a) Who do you think should have responsibility for delivering medical support in schools?

12b) What do you think needs to be done to improve the system of medical support in schools?

13a) Approximately how many children at your school have known ongoing medication needs?

13b) Approximately how many support staff work at your school?

Please let your local GMB representative know about any concerns you or your colleagues may have about medical support in your school. Or you can contact Sharon Holder at GMB National Office (sharon.holder@gmb.org.uk).

GMB – THE INDEPENDENT UNION

610,000 GMB members can't be wrong. Whether you work full-time or part-time – whatever job you do – join GMB to make your workplace stronger. You can use the form below to change your GMB membership to direct debit, or if you have a colleague who is not yet a GMB member ask them to fill in the form and return it to: GMB, FREEPOST (WC2268), London SW19 4YY (you do not need a stamp).

CONTACT GMB

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FOR UNION USE ONLY Section Branch No Membership No Date of joining

GMB membership application form PLEASE USE BLOCK CAPITALS

1 TELL US ABOUT YOU

Surname First name Title Mrs/Miss/Ms/Mr Date of birth

Home address Home Tel Email

Postcode Mobile I agree to abide by GMB rules Signature

Date We ask for your ethnic origins as part of our equal opportunities policy of improving services to all members
 Bangladeshi / Black African / Black Caribbean / Black British / Chinese / Indian / Irish / Pakistani / White / Other:

2 TELL US ABOUT YOUR JOB

Employer Your job

Address where you work Postcode How many hours a week do you work?

Pay No Work Tel Pay Date

3 INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT



Please fill in the form and send to **GMB, 22–24 Worples Road, London SW19 4DD**

Name and full postal address of your Bank or Building Society branch

Service User Number

To the Manager of Bank/Building Society

Address

Postcode

For GMB official use only. This is not part of the instruction to your Bank/Building Society. If your A/C number is not available fill in your address below.

Name(s) of account holder(s)

Instructions to your Bank or Building Society.

Please pay GMB Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with GMB and, if so, details will be passed electronically to my Bank/Building Society.

Bank/Building Society Account Number

Signature(s)

Date

Bank/Building Society Sort Code

Reference number (Office use only)

Banks or Building Societies may not accept Direct Debit instructions for some types of account