

# R.E.A.C.T Application

<b>For Office Use:</b> Application Number  Date Approved:  Head of Resuscitation stamp for Approval Date Approved:	
--	--

**Please read the guidance notes on the back page before completing this form.**  
 Data provided on this form will be held and processed by BTH NHS FT in accordance with its Data Protection Policy (copies available from [resuscitation@bfwh.nhs.uk](mailto:resuscitation@bfwh.nhs.uk) ).

## Section A: Contact and employment details

<b>Title:</b>			
<b>Given names:</b>			
<b>Family name:</b>			
<b>Professional Body:</b>		<b>Professional Number:</b>	<i>(if applicable)</i>

	<b>Application for:</b> <b>REACT RESPONSE: 2222/Adult/Paediatric/Neonatal/Obstetric/Trauma &amp; Major Haemorrhage Team</b>
--	--

Current Placement, i.e. ward/dept: Name of Approving Manager/Supervisor:
---

Have you discussed this request with your current line manager and had this approved:: <b>(If a student) Has this been discussed and authorised by your designated PPF</b> <b>If a student are you in your 3<sup>rd</sup> year of university: YES/NO</b> <b>Name of PPF and date discussed:</b>
--

## SECTION B

<b>Area of your current WORK ADDRESS/PLACEMENT:</b>			
Address line 1			
Postcode:		Division:	
Telephone no.:		Clinical Supervisors Name:	
YOUR Email address:			
Dates Requested	1 <sup>st</sup> :	2 <sup>nd</sup> :	3 <sup>rd</sup> :

## SECTION C

In no more than 250 words describe why you want to carry the <b>REACT bleep?</b>
--

What exposure have you had to date with medical emergencies/cardiac arrest and do you have any specific concerns in relation to the management of an emergency?

You will be **FULLY SUPPORTED** by a clinical resuscitation officer during your placement, but please describe in no more than 250 words: what are your learning outcomes and what skills are you keen to develop?

**Office Use:**

Date Approved

Authorising REACT Officer:

Dates offered to cover REACT:

**SECTION D: Declaration**

I declare that the information provided on this form is accurate to the best of my knowledge.

If my application is accepted I confirm that I will:

- (i) conform to the organisations confidentiality policy and will NOT disclose any information in relation to any emergency situation I attend without prior authorisation from the Head of Resuscitation (See website for details) [www.bfwh.nhs.uk/resuscitation](http://www.bfwh.nhs.uk/resuscitation)
- (ii) I will inform the duty resuscitation officer if I know the patient personally and am unable to engage in care
- (iii) I have discussed this with my current clinical supervisor and they are in full support of this application
- (iv) I understand that I may be exposed to complex clinical situations of all age groups, which may be distressing and unpredictable at times.
- (v) Be responsible for the safety of the REACT Bleep and the Identification Badge whilst they are in my possession. If the REACT Bleep and/or Identification Badge sustain any damage or loss, it is then the responsibility of my authorising line manager to purchase a replacement bleep and/or identification badge as a matter of urgency from their prospective budget.

Signature:

Print name:

Date:

Please return the completed and signed application (IF NOT SUBMITTING ELECTRONICALLY) To:

**The Department of Resuscitation, REACT Course Applications, Blackpool Teaching Hospitals NHS Foundation Trust, Whinney Heys Road, Blackpool. Lancashire. FY3 8NR**  
Or email: [resuscitation.@bfwh.nhs.uk](mailto:resuscitation.@bfwh.nhs.uk) (if electronically submitting)