

Candidates Full Name: (please print) _____

Date of Interview: _____

Please answer the questions providing as much detail in your answer as possible to reflect your experience and knowledge

Knowledge of company and job being applied for

Question	Answer Given / Comment
Tell us about the position you've applied for and why does this opportunity stand out for you?	
Are you registered with any other recruitment companies, if yes please tell us which ones?	

CV / experience review

Question	Answer Given / Comment
Thank you for providing us with a detailed CV can you list the specific achievements you have made which relate to your interest in working for us?	
What are your Qualifications?	
When did you qualify and where?	
Is your registration currently Valid?	Please provide a copy of your current NMC number, entry to the register and your current registration certificate
Which professional body are you a member of?	
Do you hold Professional Indemnity Insurance and if so who with?	

Technical

Question	Answer Given / Comment
Please describe in detail your most recent position?	

Please describe how would you plan to get to grips with a temporary assignment on your first shift, please consider all the safety aspect related to your first assignment?	
Tell us about a recent experience you have had. Why was it important to you? What did you do/put in place to care for the patient?	
What IT skills do you have, have you completed the NHS IT skills pathway or other similar training?	
Which clinical environment have you worked within in the past 12 months?	
What recent clinical experience have you gained?	

Continual professional development

How do you maintain your Professional Development?	Please provide a copy of your current nursing professional portfolio and your latest appraisal		
Issue date and certificate number of your last Enhanced DBS check?			
What courses or further Education have you attended within the past three years?	All courses listed must be accompanied by verified photocopies of the original certificate		
Please indicate the date of your attendance at the following mandatory courses	Dates attended with verified copy of the original		
Course Title	Date	Course Title	Date
Adult Basic Life Support		Information Governance	
Intermediate (Adult) Life Support		Child Protection	
Advanced Life Support		Infection Prevention & Control	
Advanced Paediatric Life Support		Hand Hygiene	
Moving & Handling		Moving & Handling (patients & loads) <u>Practical</u> patient handling	
Fire Training		Blood Transfusion Processes	
Complaints Handling		Mental Capacity and Safeguarding Adults	
Clinical Record Keeping		Venous Thrombo Embolism	
Consent		Conflict Resolution (managing violence and aggression)	
Customer Care		Equality Awareness & Eliminating Bullying & Harassment	
Health & Safety awareness		Medicines Handling & Management	
Medical Devices		Patient Slips, Trips & Falls	
Aseptic Non Touch Technique (ANTT)		Paediatric Basic Life Support	
Lone Worker training		Resuscitation of the newborn (midwives)	
Wound Care		IV Drugs and their administration	

Medicines Awareness

Question	Answer Given / Comment
What would you do if you could not read a prescription or drug sheet?	
If you did not agree with a suggested dose what would you do?	
If you came across a drug you had not heard of what would you do?	
How do you monitor the safety of IV therapy?	
One of the doctors prescribes a significantly large dose of opiates to an "opiate naïve" patient. A member of your nursing team subsequently gives the dose which results in the patient becoming unresponsive. <ul style="list-style-type: none">• What are your priorities?• What do you do next to support your member of staff, the patient and their family?	

Wound Care

Question	Answer Given / Comment
What types of dressings have you used?	
On what wound would you use Sorbasan?	
What would you do if you needed advise on a dressing?	
What precautions should you take whilst dressing a wound?	

Emergency Procedures'

What items would you find in a crash trolley?	
What would you do to initiate basic life support in an emergency situation?	
Describe your actions: you administered blood product to a patient with no known allergies. 15 minutes later you return to find the patient, distressed, sweaty, tachycardic, tachypnoeic, with a blotchy rash and swelling to the lips , eyes and hands, what would you do?	
Describe the principles of how to undertake an ECG and the purpose of this?	
Describe how to pass a fine bore nasogastric tube?	

If you have a clinical problem with a patient who do you report this to?	
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Customer Focus

Question	Answer Given / Comment
How do you ensure that what you deliver is what the patient needs/expects?	
Tell us about a time when you may not delivered in your opinion quality care? Why did you not meet your/patients needs? What would you do differently if you had the time again?	
What does 'advocacy' mean to you?	

Planning & Organisational

Question	Answer Given / Comment
How do you know what is going on in the ward/Department at any one time?	
What happens if priorities shift/an urgent care requirement is necessary in your shift how do you manage this sudden change?	
Can you describe the last Infectious Case that you dealt with?	

Communication Skills

Question	Answer Given / Comment
Tell us about a time when communication has been important to activities you have been carried out? How did you assist with these communications?	
What would you do if a patient in your care had an accident?	

Team Leadership

Question	Answer Given / Comment
What ward/department management experience do you have?	

Have you had to manage a difficult person on a ward/department? What was difficult? What did you do / do differently next time?	
Have you ever been dismissed from a professional post? If yes please give details	

Do you have experience in the following and would you be prepared to accept work in these areas?

Gynae Ward	Yes/No
Orthopaedics	Yes/No
Surgical Ward	Yes/No
Medical Ward	Yes/No
Children's Ward	Yes/No
Maternity	Yes/No
Neonates	Yes/No
A&E	Yes/No
HDU	Yes/No
ITU	Yes/No
Out Patient Clinic	Yes/No
Coronary Care	Yes/No
Elderly Care Ward	Yes/No
Nursing Home	Yes/No

General

Question	Answer Given / Comment on candidate
How does this role fit with what you would like to do in the future?	
What areas do you feel strongest in?	
Why should we hire you?	
Have you ever been the subject of a Disciplinary or is such an action threatened against you?	
Please confirm you are aware of 'The Working Time Regulations 1998' (as amended) and that as an Agency Worker you shall not work on an Assignment in excess of the Working Week unless you agree in writing that this limit should not apply?	Please indicate your agreement to undertake work and that the Working Week limit shall not apply to the Assignment
Do you have any restrictions to work in the UK? If yes what are they?	

Candidates Signature _____

Date _____

Interviewers Signature _____

Date _____

Compliance Signature _____

Date _____