

Interview Record Registered Nurse – Private and Confidential

Name of interviewer:	Date & time
Name of candidate:	
Registered Nurse Qualification	Date of Registration
NMC PIN No:	Expiry Date:
ONP/Adaptation details	

1. What post registration experience do you have, where did you gain this Employment History? – (Work Place and dates (DD/MM/YYYY) in comparison with the Application Form without gaps. Clarify any gap if more than 10 days.

2. Post Registration Nursing Qualifications:

3. Describe how you manage a group of people:

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4. What are your Priorities when attending a new ward/unit/department?

5. According to you what's the best way to establish a working relationship with new people?

6. What would be your first step if you gave the wrong drug to a patient?

7. How do you keep yourself up to date with nursing issues?

8. Do you have an up to date CPD folder?

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Please tick the skills you have gained during your work experience. Please remember that you will be held professionally accountable.

	Competent	Require further experience	No experience
Blood glucose monitoring			
Regular Obs			
Boots MDS system			
Catheterisation			
Chemotherapy			
Chest drains			
Chronic disease management			
Coil checks Control & restraint — MAPA/NCI/Studio3			
Cosmetic procedures			
Dialysis			
Dressings			
Ear syringing			
ECGs			
Family planning			
In Charge duties			
Immunisations/vaccinations			
Injections			
IT skills			
Leg ulcer management			
Medication administration • Oral • Injection • IV/PCA/syringe driver • Nebuliser • PR/PV			
Minor injuries			
Neuro obs			
Nurse led asthma clinic			
Nurse led cervical cytology			
Nurse led diabetes			
Oxygen therapy			
Phlebotomy/venepuncture			
Spirometry			
Stoma care			
Tracheostomy care			
Well person clinic			
Wound care			
Other:			

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English Competency Level	<input type="checkbox"/> Fluent	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Poor
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Overall impression/comments: (If candidate has worked for an agency since 01/10/11 please list clients & dates):

Accept/Decline

(if declined state reason) _____

Interviewer signature:		Date:	
Candidate Signature:		Date:	