



Sirona Medical – Interview

***Please complete the form below, noting down all relevant information to the role that the temporary worker will be performing. Please note that this form is to be placed into the temporary workers compliance file and is not to be distributed to third parties.*

Date:

Location:

Start Time:

End Time:

Interviews Name

Job Title:

Personal Details

Candidate Surname:	Candidate Name:	
Postcode:		
Candidate Date of Birth:	Telephone Number:	
Fax Number:	Mobile Number:	
Email Address:		
Are you HcPC/NMC Qualified?:		
If YES, please provide:	Number:	Expiry Date:
Current Qualification:		

Passport (Viewed and Verified):		Passport Number:
Appropriate VISA (Viewed and Verified)		
Original HcPC/NMC or appropriate qualification certificate (Viewed and Verified)		
Are there any pending investigations with the NMC/HcPC? If so when		



Employment Details

Do you have any gaps in your employment of more than 3 months? If yes, please explain below.

Interview Questions

Please feel free to use additional A4 paper to write full and complete answers

Questions	Answers
1. Describe your responsibilities in your current role.	
2. Describe your experience in your preferred area of expertise.	
3. In terms of skill and knowledge in this field, what do you see as your strengths and areas for improvement, and why?	
4. What strategies do you use when coping with a stressful, fast-paced situation in your area of work?	
5. Describe any areas you feel you would like to develop in the future in relation to maintaining your CPD and Nurse Revalidation	

<p>6. What aspects of your role do you enjoy the most and why?</p>	
<p>7. Are there any areas of your practice you dislike?</p>	
<p>8. What is your greatest accomplishment so far in your work? Eg: a project that you took part in at work that was successful.</p>	
<p>9. Have you had or undertaken an appraisal within the last 12 months. If, so, where and when.</p>	
<p>10. Are you aware of 'Whistleblowing' and what is expected of you if a circumstance arises? (Feel free to expand your answer on a separate piece of paper if necessary)</p>	
<p>11. SAFEGUARDING: If you feel that somebody/patient is in immediate danger or 'at risk' what would you do? (Feel free to expand your answer on a separate piece of paper if necessary)</p>	



Appraisal Details:

When was your last appraisal
 Where was your last appraisal held
 Who Conducted the appraisal?

Nursing Only:

Have you registered for Revalidation? Yes/No
 If NO, is there a reason?

If YES, do you need any support YES/NO
 If Yes, what support do you need

Interviewees Comments: (if Required)

Interviewers Comments:
English Skills:/10 (Circle as Applicable) Poor Satisfactory Good Excellent

Candidate Name:	
Candidate Signature:	

Nurse or Consultant Name:	
Nurse or Consultant Signature:	