



Attach
Photograph
x 3

Please ensure all sections are completed in
BLOCK CAPITALS.

Qualified registration form

Which of the following applies to you?

Qualified nurse Student nurse Qualified nurse abroad (not registered in the UK)

Please state qualification

NMC pin number (please enclose copy of statement of entry/pin card)

Expiry date

Personal details

Title	Surname	Maiden name
Previous surnames (if any)		
Forenames (in full)		
Address		
Post code	Telephone number	Mobile
Email address		Nationality
Date of birth	National Insurance Number	
<i>Next of kin to be notified in case of emergency</i>		Name
Address		
Post code	Telephone number	
Relationship to you	Work/mobile contact number	

Education

Details of education establishment	Courses taken	Date from	Date to	Attainment

Professional details

To assist us in finding suitable work for you, please **circle** all the nursing specialities of which you have significant post training experience.

	Yrs exp		Yrs exp		Yrs exp
A & E	—	Isolation	—	Phlebotomy	—
AIDS/HIV +	—	ITU	—	Practice nursing	—
Anaesthetics	—	Learning disabilities	—	Psychiatry	—
Burn and plastic	—	Liver unit	—	Radiotherapy	—
Cardio-thoracic	—	Mental Health	—	Recovery	—
CCU	—	Midwifery	—	Renal Dialysis	—
Dental nursing	—	Nanny	—	SCBU	—
Elderly care	—	Neurology	—	Screening	—
ENT	—	NNU	—	Social work	—
Family planning	—	Occupational Health	—	STDs	—
Genito-urinary	—	ODA	—	Surgical	—
Gynae	—	Oncology	—	Terminal care	—
Haematology	—	Ophthalmics	—	Theatre	—
ICU	—	Orthopaedic	—	Tropical disease	—
Industry	—	Paediatrics	—	Venepuncture	—
	—	NVQ details _____	—	X Ray	—

Please explain briefly how you gained this experience

Please indicate your level of proficiency according to the scale below

- I** no experience
II previously performed but not proficient
III competent to perform independently

Cardiovascular

Skill	I	II	III
Administering intravenous therapy - via pump			
- via giving set			
Basic ECG interpretation			
Care of patient post cardiac surgery			
Care of patient post vascular surgery e.g. fem/pop bypass			
Care of patient with congestive cardiac failure			
CVP readings			
Perform ECG			
Use of cardiac monitoring equipment			
Use of defibrillator			
Venepuncture			

Respiratory

Skill	I	II	III
Administration oxygen therapy			
Care of patient using CPAP			
Care of patient with chest tubes/underwater sealed drainage			
Care of patient with COAD/COPD			
Care of the ventilated patient			
Interpret arterial blood gas result			
Perform chest physio			
Pulse oximetry			
Respiratory status assessment skills			
Suctioning – oropharangeal			
– nasopharangeal			
– tracheostomy			
Tracheostomy care			

Neurological

Skill	I	II	III
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- Care of head injury patient
- Care of patient during/post seizure
- Care of patient post craniotomy
- Care of patient post neck/back surgery
- Care of patient post spinal cord injury
- Perform neurological observation
- Use of glasgow coma scale

Orthopaedics

Skill	I	II	III
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- Application of POP casts
- Care of patient post hip replacement
- Care of patient post joint reconstruction
- Care of patient post total knee replacement
- Care of patient using CPM

Gastrointestinal

Skill	I	II	III
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- Abdominal assessment eg for bowel sounds etc
- Administration of enemas
- Administration of NG feeds – bolus
– via pump eg
- Administration of suppositories
- Care of abdominal drains
- Care of colostomy
- Care ileostomy
- Care of patient post gastrointestinal surgery
- Care of patient with hepatitis
- Care of patient with inflammatory bowel disease
- Care of percutaneous endoscopic gastrostomy (PEG)
- Care of T-tube
- Check placement of NGT
- Flexiflo system
- Insertion of nasogastric tube (NGT)

Renal

Skill	I	II	III
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- Care of an AV fistula
- Care of a patient post nephrectomy
- Care of a patient post renal transplant
- Care of nephrostomy
- Care of patient with renal failure – chronic
 - acute
- Insertion of urinary catheter
 - male
 - female
 - short term/intermittent
- Manage peritoneal dialysis
- Manage venous dialysis
- Perform bladder irrigation
 - continuous
 - intermittent
- Perform unalysis

Endocrine/Metabolism

Skill	I	II	III
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- Blood sugar level testing
- Care of a total parental nutrition infusion/lines
- Care of patient post a drug overdose
- Care of patient with diabetes insipidus/
Disorders of the pituitary gland
- Care of patient with thyroid disorders
- Diabetic education
- Disorders of the adrenal gland
- Insulin administration
- Management of a sliding scale of insulin
- Management of insulin dependents diabetes mellitus
- Management IV insulin infusion
- Management of non-insulin dependent diabetes mellitus

Infection control

Skill	I	II	III
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- Assessment and care of pressure sores/ulcers
- Burn care
- Care of surgical drains
- Care of the isolated patient
- Knowledge of universal precautions
- Wound care
- Wound packing/ irrigation

Infection control

Skill	I	II	III
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- Syringe Drive
- Administering Subcutaneous infusions

General information

Do you hold a current driving licence? YES NO

Do you have a current passport? YES NO

Do you have a car available YES NO

Typing/WP YES NO

Please state which languages you speak, including an indication of fluency

How did you first hear about the agency?

Are you a member of a Union or Professional Organisation offering Indemnity Insurance YES NO

Body name

Amount of cover

Policy number

Expiry Date

Preference regarding work

Please specify which types of work you would prefer. You should tick all appropriate boxes. The service we give depends on accurate, up to date information. Please keep us informed of all development, in your career & work preferences.

Position Part-time full-time

Types of work NHS Private hospitals Nursing Home Industry

Clients in their own home Other, please specify

Live in days Nights Visit

Do you have any other work commitments?

Which areas of work do you wish to exclude?

When will you be available to start work?

Length of time available? (for overseas nurses only)

Convictions

Rehabilitation of Offenders Act 1974: State any convictions/offences, information of which you are not entitled to withhold, under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, in view of the nature of the work for which you are applying. -----

Criminal Record Bureau/Disclosure Scotland Statement: If your application is successful you will be required to provide a Satisfactory Enhanced Disclosure of equivalent from country of origin if in the UK for less than three months. No.1 Recruitment will offer their full support through this process.

Care Standards Act 2000: State any police cautions and incidents with the police, in view of the nature of the work for which you are applying: -----

(This information will be disclosed by the Criminal Records Bureau/Disclosure Scotland check which will be required if your application is successful)

