

Staff Competency Statement

NAME: _____

QUALIFICATIONS/GRADE: _____

Please provide details below of the areas in which you possess or have gained experience and competency to be placed. Include your level of experience, competency, length of experience, area of clinical expertise and training (including specialist) undertaken for each type of setting selected to demonstrate this.

NURSING & RESIDENTIAL

Care of the Elderly Adults Young Children Physical Disabilities

Sensory Impairment Mental Health

Please Give Examples to demonstrate your experience / competency:

MENTAL HEALTH & LEARNING DISABILITES

Autism Asperger Syndrome Downs Syndrome Epilepsy

Acquired Brain Injury Dementia Depression Challenging Behaviour

Psychiatric Illness Breakaway Technique Control & Restraint

Please Give Examples to demonstrate your experience / competency:

DOMICILIARY CARE

Multiple Sclerosis Muscular Dystrophy Cerebral Palsy Epilepsy

Autism Dementia Downs Syndrome Diabetes

Physical Disability Sensory Impairment Depression Strokes

Please Give Examples to demonstrate your experience / competency:

NHS

General Medical General Surgical Adult Nursing Paediatric

Midwifery Mental Health Learning Disabilities ITU

Neurology Oncology Forensic CIU

MAU Stroke Eating Disorders

Please Give Examples to demonstrate your experience / competency:

PALIATIVE CARE

Peg Feed Syringe Driver Oxygen Pressure Sore

Please Give Examples to demonstrate your experience / competency:

TRAINING UNDERTAKEN TO DATE

Please Give Examples to demonstrate your experience / competency:

CERTIFICATE PROVIDED

DATE

DECLARATIVE STATEMENT

I am able to confirm that the information I have given on this form relating to my experience, competency, length of experience, areas of clinical expertise and training undertaken for the specific areas selected within an NHS or similar hospital type setting is correct and complete, and that any misleading statements or information may be sufficient in cancelling any agreements made. I am also aware that where I do not feel competent or feel that I require further training in a specific area that I will declare this before any placements in an NHS or similar hospital type setting.

Sign Name: _____

Date: _____

For Office Use Only

1) Has the applicants area of experience, competency and clinical expertise been checked against the following application documents (if 'No' is selected, please state the reasons why):

- a) The employment history section of the application form?
- b) The experienced checklist?
- c) The applicant's curriculum vitae?
- d) The applicant's references?

Please document the reasons why 'No' (if applicable) has been selected for points a) to d):

2) I confirm that I am fully satisfied that the named applicant possesses the required level of competency, experience and clinical expertise to be placed within the departments as selected herein in an NHS or similar hospital type setting. My decision has been based on a thorough interview and induction process with the applicant, and through cross checking procedures of their completed application form, employment history details, stated experience levels, curriculum vitae and professional references

Interviewer: _____

Date: _____