**Part One – Demographic information**

|  |  |
| --- | --- |
| **Board** |  |
| **Site** |  |
| **Payroll number**  |  |
| **TURAS Code / ID** **(CAJE code)**  |  |
| **Effective date of change (no earlier than 1 April 2023)** |  |

**Part Two – re-evaluation claim form**

**Guidance on how to complete this questionnaire is available** [here](#Guidance) **which you should read before starting your application.**

|  |  |
| --- | --- |
| **Job title** |  |
| **Department** |  |
| **Service** |  |

|  |
| --- |
|  **Briefly describe the job purpose in around 50 words** |
|  |
| Please list the **main tasks** within your job and indicate any tasks, which are only carried out occasionally. Provide enough detail to enable readers to understand what you do. **Please also indicate the approximate proportion of your time spent on each task**. This may be over a typical week if your job has a weekly work cycle or over a month or year for jobs, which vary seasonally. |
| **Main duties** | **% of time spent on this, rounded to the nearest 5% (the total for all tasks must not exceed 100%)** |
|  |  |
|  |  |
|  |  |
|  |  |

**Please indicate (X) the national profile(s) your role should be considered against:**

|  |  |
| --- | --- |
| Nurse Specialist |  |
| Nurse Team Leader |  |
| Nurse Team Leader (Learning Disabilities) |  |
| **Other Band 6 Profile (please list the profile label below)** |  |

* When completing the set of questions, consider what you do in a typical week.
* Start from the beginning and work through each day.
* If your job varies from week to week or has a monthly cycle, look at your diary to help to list your activities.
* You should include those duties agreed by you and your manager to be part of the job. These may be more, or less, than the duties listed on your formal job description.
* Where tasks and/or activities are included in your responses you should describe how often these are carried out. This might be a number of times each shift, hourly, daily, weekly, monthly or other frequency.

**Communications and Relationships Skills**

**Please answer the following questions and provide examples for communication that has occurred in the last 12 months. State whether the communication is with other employees, patients/clients or their carers, or with the general public/external organisations.**

**If you answer No to any question, do not provide an example.**

**Responses or examples are only required where you have answered yes to the question as indicated.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Question No** | **Do you:** | **YES/NO** | **Please provide a typical example**  |
| 1 | Do you communicate complicated and/or sensitive information in your role |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |
| 2 | If YES, what is the purpose of the communication?  |  |  |
| 3 | Describe the situations when this communication takes place and with whom. |  |  |

**Knowledge, training and experience**

**In addition to the knowledge, training and experience requirements stated in your job description, please describe any additional knowledge required for your role. Please look first at the box on the left and then work across, stating what knowledge is required, how the knowledge is usually obtained and the qualifications/knowledge that you actually require to enable you to do your job.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question No** | **Knowledge required** | **YES/NO** | **Describe the type and length****of experience or on-the-job****training that is required to gain****this knowledge** | **Describe the minimum****qualifications that are required****for this job and how long it****normally takes to acquire them** |
| 4 | Is additional managerial or supervisory knowledge required in your role?  |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 5 | Is additional specialist nursing knowledge required in your role? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 6a | Are there any additional qualifications required for your role? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 6b | Are there other types of knowledge required for your role? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |

**Analytical and Judgemental skills**

|  |  |  |
| --- | --- | --- |
| **Question No** | **Do you:** | **YES/NO** |
| 7 | Make judgements where the situation is not straightforward? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |
| 8 | Make judgements where there is a range of options to select from? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |
| 9 | Assess or interpret information in order to make a judgement? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |

|  |  |  |
| --- | --- | --- |
| **Question No** |  | **Example(s)** |
| 10 | If you answered yes to questions 7, 8 or 9, describe the decisions you are required to make using examples and the action you take to resolve problems or issues. Please indicate how often you typically need to make these type of decisions in your role.  |  |

**Planning & Organisational Skills**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question No** | **Do you:** | **YES/NO** | **Please provide a typical example**  | **Planning time in advance of the activity/event?** |
| 11 | Plan complex programmes of care or activities in relation to the safe and effective operation of the ward/department or clinical setting? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 12 | Plan and organise or co-ordinate the allocation and supervision of other staff including learners in the clinical setting |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 13 | Co-ordinate activities or events as part of your role? This may involve other staff, agencies or organisations.  |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 14 | Plan rotas? If yes, please indicate how far in advance you plan for.  |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 15 | Plan or organise educational or training programmes? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |

**Physical skills**

|  |  |  |  |
| --- | --- | --- | --- |
| **Question No** | **Do you:** | **YES/NO** | **Please provide a typical example**  |
| 16 | Carry out any of the following: intravenous injections, syringe pumps and infusions, insertion of catheters, removal of sutures or similar? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |
| 17a  | Carry out restraint of patients/clients using approved breakaway techniques? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |
| 17b | Carry out restraint of patients/clients using approved full control and restraint techniques? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |
| 18 | Assemble surgical equipment |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |
| 19 | Manoeuvre people where accuracy is important |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |
| 20 | Perform Surgical interventions e.g. intubation and tracheotomy or similar? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |

**Responsibility for patient/client care**

|  |  |  |  |
| --- | --- | --- | --- |
| **Question No** | **Do you:** | **YES/NO** | **Please provide a typical example**  |
| 21  | Assess clinical care needs and develop clinical care/treatment/ therapy programmes/ package? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |
| 22 | Develop and implement specialist programmes of care |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |
| 22a | Provide highly specialised clinical/therapeutic advice to patients/clients in a specialised area? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |

**Responsibility for Policy/Service Development**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question No** | **Do you:** | **YES/NO** | **Please provide a typical example**  | **Please indicate the Department / Area Covered** |
| 23 | Do you actively implement policy or working practices within your section/ department/ service/ directorate or the whole organisation? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 24 | Are you required to propose changes to policies or procedures or working practices that are used in your section/ department/ service and/or other areas? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |

**Responsibility for Financial & Physical Resources**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Question No** | **Responsibility** | **YES/NO** | **Description**  | **Delegated authority level or value (£)** | **Are you a signatory for this responsibility?** | **Do you share this responsibility?** **If Yes, with whom?** |
| 25 | Are you an authorised signatory for invoices, supplies ordering, overtime, bank/agency use etc.? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  | Total value= £ perweek / month /year**\*** |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |

**Responsibility for Human Resources**

| **Question No** | **Do you:** | **YES/NO** | **For how many people?** | **Please describe the nature of the responsibility** |
| --- | --- | --- | --- | --- |
| 26 | Provide leadership, supervision and direction to other staff in the absence of the Senior Charge Nurse/Deputy acting as the team leader (please include how often you are required to do this) |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 27 | Are you responsible for the day-to-day work allocation, supervision or co-ordination of staff? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 28 | Are you responsible for the clinical or professional supervision of staff? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 29 | Do you manage a group of staff within a team/department/function? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 30 | Do you train new people in the department? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 31 | Are you required to deliver formal training? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 32 | Are you required to undertake work place assessments? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 33 | Are you responsible for the placement or allocation of staff or students? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |

**Responsibility for Information Resources**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question No** | **Responsibility** | **YES/NO** | **Describe your involvement** | **How often (daily, weekly, monthly, yearly)** |
| 34 | Are you required to make or word process clinical records, letters, reports etc. compiled by others? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 35 | Are you required to process data e.g. test results, statistics etc. compiled by others? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |

**Responsibility for Research & Development**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question No** | **Are you required to do any of the following?** | **YES/NO** | **If Yes, how often do you do this per year?** | **How much time do you spend on it per year?** |
| 36 | Carry out audits? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 37 | Carry out research/development work which is not part of a formal research programme? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 38 | Carry out research/development work which is part of a formal research programme? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 39 | Carry out clinical trials? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 40 | Carry out your own equipment testing or adaptation? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |

If you have said YES to any of the questions from Q 36 to 40 above, please describe your involvement below, starting with the one that is the most applicable to your job. For easy reference, write the number you are describing e.g. 36 in the left hand column.

|  |  |
| --- | --- |
| Question number | Role information/description |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Freedom to Act**

|  |  |  |  |
| --- | --- | --- | --- |
| **Question No** | **Supervision and management** | **YES/NO** | **Describe the supervision, management or guidance you receive** |
| 41 | Is your supervisor / manager generally close by or immediately contactable? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |
| 42 | Is your supervisor / manager generally only available at specific times? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |
|  |
| 43 | Describe the areas of responsibility where you would act yourself without asking for assistance |  |
| 44 | Describe the areas of responsibility where you would ask for assistance |  |
|  |
|  | **Caseload responsibility** | **YES/NO** | **Describe how caseload management operates in the team/department/work area and what you are responsible for.** |
| 45 | Are you responsible for a caseload/delegated case load in the community or other patient care setting |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |
|  | **Additional role responsibility** |  | **Describe the role and what you are responsible for.**  |
| 46 | Are you a “Primary nurse”, liaison, link nurse or similar |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |
| 47 | Do you coordinate care, lead and/or manage nursing care and working in teams?  |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |

**Effort and environmental factor job evidence**

*Physical Effort*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Job requirement** | **Yes/No** | **Please give an example** | **Average no of shifts per week** | **No of times per shift** | **Average duration of each occurrence** | **Average weight** |
| 48 | Controlled restraint? i.e. jobs requiring formal training/ certification in this activity. |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |  |  | **Not required** |
| 49 | Lifting weights/equipment with mechanical aids? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |  |  |  |
| 50 | Manoeuvring/manipulating objects/people? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |  |  |  |
| 51 | Transferring people from bed to chair or similar? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |  |  |  |
| 52 | Lifting weights/equipment without mechanical aids? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |  |  |  |

*Mental effort*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Describe the duties that you undertake that require concentration.** **List the most important first** |  |  |
| 53 | For example, checking detailed documents; carrying out calculations; analysing statistics; participating in hearings; operating machinery; driving; clinical coding; taking formal minutes of meetings; report writing; carrying out screening tests/microscope work; therapy; intricate clinical interventions; examining or assessing patients/clients; undergoing cross examination in court. | **How many shifts during the week** | **How long for on each shift\*** |
|  |  |  |  |

**\****This should be the total amount of time spent on this activity each shift.*

|  |
| --- |
| **Interruptions** |
|  | Describe the nature of the interruption and say whether you have to stop what you are doing to respond to the interruption and whether you have to re-prioritise your work as a result of it | **Number of times each shift** |
| 54 | Are you interrupted in the course of your work? |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |

*Emotional effort*

**Please complete the table below, indicating whether you carry out the activities listed as examples**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Examples** | **Yes/No** | **Number of occasions per week / month /****year** | **Please describe, including the degree of involvement with the distressed / angry** **patient / client** |
| 55 | Providing a service for distressed/angry patients/ clients /staff |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 56 | Giving unwelcome news to patients/clients/carers/staff |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 57 | Dealing with difficult situations /circumstances |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 58 | Designated to provide emotional support to front line staff |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 59 | Caring for the terminally ill |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 60 | Providing a therapy service to emotionally demanding patients/clients/staff |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 61 | Communicating life changing events to patients/clients/staff |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 62 | Dealing with people with challenging behaviour |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 63 | Arriving at the scene of a distressing incident |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |

*Working conditions*

**Please describe where you work. If you work in more than one area, state the percentage of time in each.**

|  |  |  |
| --- | --- | --- |
| 64 | **Work area(s):**  | **Percentage of time in each area:**  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Please complete the table below concerning the conditions in which you are required to work or illness/injury to which you are exposed**

|  | **Are you required to use or are exposed to:** | **Yes/No** | **Frequency per Week/month/year on average** | **Please describe the requirement** |
| --- | --- | --- | --- | --- |
| 65 | Unpleasant smells or odours |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 66 | Dangerous chemicals/ substances in containers |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 67 | Aggressive verbal behaviour |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 68 | Unpleasant substances/non household waste |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 69 | Noxious fumes |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 70 | Infectious materials or foul linen |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 71 | Highly unpleasant conditions e.g. body fluids, faeces, vomit, emptying bed pans and urinals, catheter bags or similar |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 72 | Fleas and lice |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 73 | Aggressive physical behaviour |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 74 | Dangerous chemicals or substances that are not contained |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |
| 75 | Life threatening hazards |

|  |  |
| --- | --- |
| ***Y*** |  |
| ***N*** |  |

 |  |  |

**When you submit your application to review your Band 5 nursing role, your personal data will only be used for the purpose of handling and processing your application.  We will use the email address you provided to advise you on the outcome of your application or in the event we require more information in regards to your application.**