**Registered Nurse Peer Reviewer**

**APPLICATION FORM 2021**

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|  | Your personal details | | |  |
|  | Title: |  |  | |
| Forename(s): |  |
| Surname: |  |
| Address: |  |
| Postcode: |  |
| Contact number(s) |  |
| Email address: |  |
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| **Professional qualifications:**   |  | | --- | | **Professional Registration: NMC (PIN) Number:**  **Part of registration you fall under (e.g. Level 1 Nurse):** | | **Relevant professional qualifications attained and other relevant training:**  \*as a minimum, please include professional qualifications (pre and post registration), and any relevant training completed (for example, Safeguarding, DoLs, MCA, Equality & Diversity, Infection Control).   |  |  |  | | --- | --- | --- | | **Qualification** | **Date attained** | **Awarding Body** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | |

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| **Job history:**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Please provide details of your current or most recent role**   |  |  |  | | --- | --- | --- | | **Employer name & location** | **Position held and key responsibilities** | **Date range** | |  |  |  |   **Please provide brief details of your previous roles**   |  |  |  | | --- | --- | --- | | **Employer name & location** | **Position held and key responsibilities** | **Date range** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | |

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| **Supporting Evidence** (no more than 300 words per question)**:**   |  | | --- | | **Tell us about the nature of your clinical practice, with particular reference to the last 5 years.** (i.e. your experience within: clinical setting, clinical and professional standards, clinical governance, service development and leadership within healthcare) |  |  | | --- | | **Please provide an example of a time when you have delivered challenging feedback to Peers and more senior staff** (such as; Head of Nursing, Consultants and Executive Team, within healthcare organisations): |  |  | | --- | | **Please provide an example of a time when you have been involved in improvement work. What was your role? How did this improvement benefit patients?** |  |  | | --- | | **Please provide an example of when you have worked as an individual or as part of a team to review patient care and/or patient records, and have made an assessment about quality. What was your role? How were your findings communicated and used to benefit patients?** |  |  | | --- | | **Please provide an example which demonstrates your experience of either inspection, regulation, governance or audit.  What methods were used in this process and what was your role?** | |

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| **Reference 1 :**   |  |  | | --- | --- | | **Title:** | **Full Name:** | | **Address (incl. Post Code):** | | | **Telephone Number:** | | | **Email Address:** | | |
| **Reference 2 :**   |  |  | | --- | --- | | **Title:** | **Full Name:** | | **Address (incl. Post Code):** | | | **Telephone Number:** | | | **Email Address:** | | |

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| **How did you hear about this vacancy?** | |
| Please provide details here: |  |
| **What is your preferred language for communicating with HIW?**  (e.g. verbally or in writing) – place an x in the box.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Welsh** |  | **English** |  | **Welsh and English** |  | |  | | | | | | | |

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| **Personal Data**  Your privacy is important to the Healthcare Inspectorate Wales as part of the Welsh Government and in line with General Data Protection Regulations (GDPR) we have developed a Privacy Notice that covers why we collect and use your information.  Our Privacy Notice can be found at: <http://hiw.org.uk/terms_and_conditions/privacynotice/> |

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| Once complete, please submit via email to [HIW.Inspections@gov.wales](mailto:HIW.Inspections@gov.wales)  CLOSING DATE FOR APPLICATIONS: **30 June 2021**  ….Thank you |