**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:**

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| **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).

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| **Qualification** | **Date attained** | **Awarding Body** |
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| **Job history:**

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| **Please provide details of your current or most recent role**

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| **Employer name & location** | **Position held and key responsibilities** | **Date range** |
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**Please provide brief details of your previous roles**

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| **Employer name & location** | **Position held and key responsibilities** | **Date range** |
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| **Supporting Evidence** (no more than 300 words per question)**:**

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| **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)  |

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| **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): |

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| **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?** |

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| **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?** |

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| **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 :**

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

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| **Reference 2 :**

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| **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.

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| **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 CLOSING DATE FOR APPLICATIONS: **30 June 2021** ….Thank you |