

PART A- TO BE COMPLETED BY RECRUITING MANAGER

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| Job Title: | Staff Nurse | New Department/Ward: | Derwen |
| Band/Grade: | 5 | New Base/ Location: | GGH |
| Expected Start Date: | April 2023 | Manager Name: | Sara Parsell-Evans |
| Hours: | <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Number of hours/sessions | Manager Email Address: | Sara.parsell-evans@wales.nhs.uk |
| Contract: | <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Honorary <input type="checkbox"/> Temporary | Email Clearance to be sent to: | Carol.m.ritchie@wales.nhs.uk |
| What are the specific requirements of the role? | <input type="checkbox"/> No patient contact / access to patients via telephone/virtual <input checked="" type="checkbox"/> Role will involve contact / access to patients/ contact with body fluids/tissues <input type="checkbox"/> Exposure prone procedures <input type="checkbox"/> Food Handler | | |
| What are the specific requirements of the role which require health surveillance? | <input checked="" type="checkbox"/> Display Screen Equipment user <input type="checkbox"/> Noise (> than 80dBa TWA) <input checked="" type="checkbox"/> Night workers <input type="checkbox"/> Classified Radiation Worker <input type="checkbox"/> Respiratory sensitisers, specify sensitising agent: <input checked="" type="checkbox"/> Skin sensitisers, specify: latex or other sensitising agent: <input type="checkbox"/> Hand Arm Vibration, specify vibration tool: <input type="checkbox"/> Other - specify agent and type of surveillance: | | |

PART B- PERSONAL DETAILS- TO BE COMPLETED BY ALL APPLICANTS

| Title: | Ms <input type="checkbox"/> Miss <input checked="" type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Mx <input type="checkbox"/> Dr <input type="checkbox"/> Professor <input type="checkbox"/> | Gender: | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Non Binary/Third Gender <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to use my own term: | | | | |
|---|--|---|--|-----|----|-------------------------------------|--------------------------|
| Surname/Family Name: | | First Name: | JESNIMOLE | | | | |
| Previous names: (if applicable) | | Date of Birth: | 10/09/1998 | | | | |
| National Insurance Number: | TL649975D | Proposed Job Title: | REGISTER NURSE | | | | |
| Department: | UROLOGY | Site: | Glangwill hospital | | | | |
| Home Address: | ARCHBISHOP NOAKES 1 FLAT ROOMBTRINTY COLLEGEROAD CARMATHEN,CARMARTHENSHIRE | Post Code: | Sa313ep | | | | |
| Email Address: | Jesnijenu2@gmail.com | Mobile Phone Number: | 7818582571 | | | | |
| Home Telephone Number: | | GP Name: | Dr IP Gravelle& Partners | | | | |
| GP Address: | St Peter's Surgery , St Peters Street ,Carmarthen, Carmarthenshire, SA311AH | | | | | | |
| GP Contact Number: | 01267236241 | Are you new to working for the NHS? | <table border="1"> <tr> <th>Yes</th> <th>No</th> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | Yes | No | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Are you currently employed or have been employed by this organisation? | | <table border="1"> <tr> <th>Yes</th> <th>No</th> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | | Yes | No | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| If Yes, please confirm dates | | From | To: | | | | |
| | | 21/11/2022 | 21/11/2027 | | | | |
| Previous Employment: (Please provide details of previous employment within the last 5 years) | From | To | Employer | | | | |
| | 04/01/2021 | 30/10/2022 | HPC HOSPITAL | | | | |
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Your appointment to your new role is subject to an assessment of your fitness for work.

The purpose of this assessment is to:

- Identify any health problems or disabilities that may make the proposed job difficult or unsafe for you or others.
- To enable your employer to identify any adjustments to your work that may make work life easier for you.

PART C- CURRENT HEALTH STATUS- TO BE COMPLETED BY ALL APPLICANTS

| <i>Please answer all questions by selecting the YES/NO Box</i> | | YES | NO |
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| 1. | Do you have any health conditions or disabilities which might impair your ability to effectively undertake the duties of the position which you have been offered? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. | Do you have a health condition or disability which might affect your work and may require special adjustments to your work or place of work? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. | In relation to Coronavirus (COVID-19) have you previously been advised to shield or do you fit the criteria for people who are at increased risk of severe illness from COVID-19 (see note 1)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. | Do you believe you have any allergies including a possible or confirmed allergy to latex? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. | Do you currently suffer with Asthma? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. | Do you currently suffer with a skin condition e.g. eczema/dermatitis which you feel may be made worse through work? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. | Do you have any medical condition , health factors and/or disability which may affect your ability to undertake night-work? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. | Do you have a cough that has lasted more than 3 weeks, unexplained weight loss or an unexplained fever? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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| PART D- IMMUNISATION STATUS- TO BE COMPLETED BY ALL APPLICANTS | | | |
| Tuberculosis Assessment (See Note 2) | | YES | NO |
| Is this your first employment within the NHS? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Have you lived or worked outside the UK for 3 months or more within the last 5 years? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If YES, please list all of the countries that you have lived in with dates: | | | |
| Do you have any of the following: | | YES | NO |
| A cough which has lasted for more than 3 weeks? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Unexplained weight loss? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Unexplained fever? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Have you had a BCG Vaccination in relation to TB? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Have you or anyone in your family had tuberculosis (TB), TB treatment or been in contact with open TB? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If YES, please give details and provide copies of any TB blood test/skin test results | | | |
| Other Immunisations (See Note 3) | | YES | NO |
| Have you had chickenpox? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Were you born or raised outside the UK? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Do you wish to be offered an appointment for Blood Borne Virus Screening (Hep B SAg, Hep C AB and HIV?) (See note 4) | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| EPP Workers (See Note 5) | | YES | NO |
| Have you previously been involved in exposure prone procedures (EPPs) in the NHS? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Date of Last EPP Clearance: | Click or tap here to enter text. | | |

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| Have you been in continuous NHS service since your last clearance date? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Have you had a sharps injury or any exposures to Hepatitis B, Hepatitis C or HIV since your last clearance date? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Please enclose copies of the following immunisation records and any laboratory reports:

Documentation from an Occupational Health Practitioner of BCG(TB) scar, TB skin test result (heaf or mantoux, IGRA blood testing or documentation of receiving a BCG vaccination

If you have **not** had the chicken pox infection or born or raised outside the UK, please include documentary evidence of a varicella (chicken pox) blood test result or course of varicella vaccinations received

Documentation of receiving two MMR vaccinations

Documentation of Hepatitis B vaccinations received, including booster doses and a copy of your Hepatitis B immunity blood test result

Documentation of Hepatitis A, Typhoid, Diphtheria, tetanus and polio vaccination (if applicable to your role)

Documentation of a diphtheria / tetanus / polio & pertussis (whooping cough) vaccine in the last 5yrs (if your role involves working in paediatrics/neonatal/maternity)

Documentation of COVID-19 Vaccinations

EPP Staff MUST provide documentary evidence of any previous test results for Hepatitis B, Hepatitis C and HIV. These **MUST be identity validated samples (IVS) from a UK Laboratory**. If results are not supplied, you will need further testing and will result in a delay in your clearance.

PART E- FOOD HANDLERS QUESTIONNAIRE-
PLEASE COMPLETE IF YOUR ROLE WILL INVOLVE HANDLING FOOD

| <i>Please answer all questions by selecting the YES/NO Box</i> At present, or in the last 14 days, are you suffering from: | YES | NO |
|---|--------------------------|-------------------------------------|
| Diarrhoea and/or vomiting? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Stomach pain, nausea or fever? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Skin infections of the hands, arms or face e.g. boils, styes, septic finger, discharge from eye/ear/gums/mouth? If yes, please provide details? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Jaundice? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Do you have or experience a recurring bowel disorder? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Do you have or experience recurring infections of the skin, ear or throat? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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| Have you ever had typhoid or paratyphoid fever or are you now known to be a carrier of <i>Salmonella</i> Typhi or Paratyphi? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Are you a carrier of any type of <i>Salmonella</i> ? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| In the last 21 days have you had contact with anyone, at home or abroad, who may have been suffering from typhoid or paratyphoid? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Countries visited in the last 6 weeks: | | |

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PART F- DECLARATION- TO BE COMPLETED BY ALL APPLICANTS

I declare that the information I have given on this form is true to the best of my knowledge and belief. I understand that if any information is false or has been deliberately omitted, I may be regarded as ineligible for employment or liable to be dismissed. In such cases where an opinion on any adjustment is required I will be contacted to discuss my abilities and the recommended adjustments. I understand that Occupational Health can with my permission:

- Obtain immunisation and screening results from any previous Occupational Health Department or other NHS organisation.
- Transfer my immunisation and screening results to other NHS organisations where I am working, where I intend to work, be on placement or part of a rotational training post.

Please tick the box if you consent to the above ☒ **see note 6**

I understand that medical details will not be divulged without my permission to any person outside the Occupational Health Service but that an opinion about my fitness to work, including information about my clearance to undertake clinical work and immunisations, will be given to management.

(Once signed please send completed form directly to Occupational Health - see note 7)

Print Full Name: JESNIMOLE

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| Applicant's Signature: | | Date: | 14/04/2023 |
| <p align="center">NODIADAU ESBONIO EXPLANATION NOTES</p> | | | |
| COVID-19 | <p>People who are defined as clinically extremely vulnerable are at very high risk of severe illness from coronavirus. There are 2 ways you may be identified as clinically extremely vulnerable:</p> <ol style="list-style-type: none"> 1. You have one or more of conditions listed below, or 2. Your clinician or GP has added you to the Shielded Patient List because, based on their clinical judgement, they deem to you be at higher risk of serious illness if you catch the virus. <p>People with the following conditions are automatically deemed clinically extremely vulnerable:</p> <ul style="list-style-type: none"> • solid organ transplant recipients • people with specific cancers: <ul style="list-style-type: none"> ○ people with cancer who are undergoing active chemotherapy ○ people with lung cancer who are undergoing radical radiotherapy ○ people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment ○ people having immunotherapy or other continuing antibody treatments for cancer ○ people having other targeted cancer treatments that can affect the immune system, such as protein kinase inhibitors or PARP inhibitors ○ people who have had bone marrow or stem cell transplants in the last 6 months or who are still taking immunosuppression drugs • people with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD) • people with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell disease) • people on immunosuppression therapies sufficient to significantly increase risk of infection • problems with your spleen, for example splenectomy (having your spleen removed) • adults with Down's syndrome • adults on dialysis or with chronic kidney disease (stage 5) • women who are pregnant with significant heart disease, congenital or acquired <p>other people who have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions</p> | | |
| Note 2: TB status | <p>New staff entering the UK from high-risk countries (TB incidence rate > 40 in 100,000) should provide evidence of their TB status. This could include details of vaccination, skin test, blood tests and chest X-ray. Chest X rays will need to be repeated prior to clearance being issued, unless evidence is available from a UK accredited source. New healthcare workers who have worked in high-risk TB clinical setting for 4 weeks or longer i.e. worked on designated TB wards / TB clinics or worked in prisons, with the homeless or asylum seekers to have an interferon test.</p> | | |

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| | <p>If you develop the following symptoms (compatible with TB): cough lasting longer than 3 weeks, fever, night sweats, weight loss, loss of energy, coughing up blood seek a medical opinion from your GP and contact Occupational Health.</p> |
| Note 3: Immunisation Status | <p>All Healthcare workers/staff with patient contact are required to provide information relating to their immunity to TB, measles, mumps, rubella (MMR), chickenpox, and hepatitis B.</p> <p>If you come into contact or become symptomatic of a communicable infection contact Occupational Health for advice, or if out of hours, seek a medical opinion from your GP.</p> <p>Posts are offered on the understanding that the applicant will comply with local requirements regarding immunisation and screening, and sharps and body fluid contact management.</p> <p>Immunocompromised staff: If you are immunocompromised (e.g. by steroids, HIV, medical treatment etc) it may be unsafe for you to:</p> <ul style="list-style-type: none"> • Have live vaccines • Work in certain areas • Perform some surgical/invasive procedures <p>If you become immuno-compromised during your employment, please notify Occupational Health in confidence.</p> <p>Measles, mumps and rubella (MMR): The Joint Committee on Vaccination and Immunisation (JCVI) advises that the MMR vaccine is especially important in the context of the ability of staff to transmit measles, mumps or rubella infections to vulnerable groups. While healthcare workers may need MMR vaccination for their own benefit, they should also be immune to measles and rubella in order to assist in protecting patients.</p> <p>Please return the supplementary Immunisation form directly to Occupational Health</p> |
| Note 4: BBV Screening- | <p>All HCWs who are new to the NHS should be offered a pre-test discussion and a Hepatitis C antibody test, HIV test and Hepatitis B (BBV Screening). Declining a test for Hepatitis B, Hepatitis C or HIV will not affect the employment or training of HCW's who will not perform EPPs. If you wish to be invited for an appointment to discuss and be offered BBV Screening, please indicate on the immunisation form.</p> |
| (EPP)Note 5: Exposure Prone Procedures (EPP) | <p>EPP Procedures are those procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissue (e.g. spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.</p> <p>Occupations undertaking EPPs include surgeons (including FP1 & FP2 doctors with rotation into one of the EPP areas), dental staff, theatre staff, midwives, paramedics, podiatrists performing surgical techniques, A&E doctors and nurses. This list is not exhaustive as EPP clearance is based on risk assessment.</p> <p>EPP staff must provide documentary evidence of hepatitis B status. Documentary evidence of hepatitis C and HIV status is also required for staff undertaking EPPs for the first time. This complies with Department of Health Clearance Guidelines for those new to any EPP post commencing after January 2008.</p> <p>Health clearance for EPP work cannot be given until these results have been received and processed. If you have previous blood results and/or documented evidence of relevant vaccinations, please supply a copy when you submit this form.</p> |

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| | <p>If results are not available, you will be tested in Occupational Health and health clearance for EPP work will be delayed until the results are processed.</p> <p>If you undertake EPP work and you suspect or know that you are a carrier of HIV, hepatitis B or hepatitis C you have a legal duty to inform Occupational Health. This also applies if you suspect that you may have been exposed to a blood borne virus.</p> <p>The evidence must be from an identified validated sample (IVS). These samples are those taken by an Occupational Health department where an individuals' identity is checked by photographic ID. This includes a passport, photographic driving licence or a photographic ID card.</p> |
| Note 6: Consent to Access Health Information | <p>Occupational Health may need to contact your previous Occupational Health department for immunisation and screening records. Your written consent is required prior to being able to do this.</p> <p>Requests for reports from other Occupational Health departments or information from other medical practitioners, who are responsible for your clinical care, are subject to the Access to Medical Reports Act 1988. Your rights under the act must be explained and respected as part of the process of obtaining informed consent. In summary these include:</p> <ul style="list-style-type: none"> • The right to see the report before it is sent. • The right to ask the doctor to amend or modify information considered inaccurate. • 21 days from notification the right to seek access to the report. <p>Please note that the information which you give will be used for the following purposes: to enable the organisation to create a record of your application; to enable the application to be processed; to enable the organisation to compile statistics, or to assist other organisations to do so, provided that no statistical information that would identify you as an individual will be published. The information will be kept securely, and will be kept no longer than necessary.</p> |
| Note 7: | <p>Please return completed WITHIN 3 DAYS OF RECEIPT to the appropriate Occupational Health Department as detailed below:</p> <p>By post to: Occupational Health Service Withybush General Hospital Fishguard Road Haverfordwest SA61 2PZ</p> <p>By email to: occupational.health.hdd@wales.nhs.uk</p> <p>The Occupational Health Department can be contacted on 0300 3039674 <i>(Monday - Friday 8.30am – 4.30pm)</i></p> <p>Please DO NOT return this form to the Recruitment Department</p> |

