

Form
PRE-EMPLOYMENT QUESTIONNAIRE
Enrolled Nurse

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Name of Applicant:

1	Please describe your capacity and style of communication with regards to:
	Residents
	Families
	Peers

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2	What is your understanding of Person Centred Care?
3	Can you give me an example of a person centred care approach in your work practice?
4	In your recent working life, what tasks have you performed that you really enjoyed.

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5	Can you please detail your understanding and work experience regarding residents care plans, assessments and resident of the day?
6	Please outline your understanding of ACFI and advise of any previous work experience with ACFI.
7	Please outline your previous experience in regards. The EN practices within their scope of practice relevant to their context of practice, legislation and their own educational preparation and experience.

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8	Can you give me an example of when you recognised your own limitations and competence and sought guidance from the RN or others as necessary?
9	Can you give me an example of how you would provide support and supervision to care staff to ensure care is provided as outlined within the resident care plan and according to policies in procedures and work instructions?
10	What do you love about your chosen career path?

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11	Please outline your experience, education and qualifications that are relevant to this position.
12	Explain a situation where you took a proactive rather than reactive approach to activities.
13	What is your understanding of Accreditation, Standard 2 and its outcomes.

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14	What audits have you been involved in?
15	What activities have you been involved in, what did you do and how has this improved care?
16	Warramunda has a no lift policy. Can you please explain your understanding and responsibilities relating to the no lift policy?

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17	Identifying Hazards. Please provide an example of a time when you identified a hazard and what steps you took too reduce the risk?
18	Reporting of hazards. Please explain how you would respond and report / document a risk hazard in the workplace.
19	Additional Comments

Applicant Signature: _____

Date: _____