



**Pay fair for patient care**

## Drafting template Band 5 Nurse Re-evaluation Questionnaire



### Part One – Demographic information

<b>Board</b>	
<b>Site</b>	
<b>Payroll number</b>	
<b>TURAS Code / ID (CAJE code)</b>	
<b>Effective date of change (no earlier than 1 April 2023)</b>	

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## Drafting template Band 5 Nurse Re-evaluation Questionnaire



### Part Two – re-evaluation claim form

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

<b>Job title</b>	
<b>Department</b>	
<b>Service</b>	

<b>Briefly describe the job purpose in around 50 words</b>	
Please list the <b>main tasks</b> within your job and indicate any tasks, which are only carried out occasionally. Provide enough detail to enable readers to understand what you do. <b>Please also indicate the approximate proportion of your time spent on each task.</b> 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.	
<b>Main duties</b>	<b>% of time spent on this, rounded to the nearest 5% (the total for all tasks must not exceed 100%)</b>

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## Band 5 Nurse Re-evaluation Glossary / FAQs

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

Nurse Specialist	
Nurse Team Leader	
Nurse Team Leader (Learning Disabilities)	
<b>Other Band 6 Profile (please list the profile label below)</b>	

- 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.

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## Band 5 Nurse Re-evaluation Glossary / FAQs

### 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	<table border="1"><tr><td>Y</td><td></td></tr><tr><td>N</td><td></td></tr></table>	Y		N		
Y							
N							
2	If YES, what is the purpose of the communication?						
3	Describe the situations when this communication takes place and with whom.						

## Band 5 Nurse Re-evaluation Glossary / FAQs

### 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?	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>		
Y	<input type="checkbox"/>							
N	<input type="checkbox"/>							
5	Is additional specialist nursing knowledge required in your role?	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>		
Y	<input type="checkbox"/>							
N	<input type="checkbox"/>							
6a	Are there any additional qualifications required for your role?	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>		
Y	<input type="checkbox"/>							
N	<input type="checkbox"/>							
6b	Are there other types of knowledge required for your role?	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>		
Y	<input type="checkbox"/>							
N	<input type="checkbox"/>							

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## Band 5 Nurse Re-evaluation Glossary / FAQs

### Analytical and Judgemental skills

Question No	Do you:	YES/NO				
7	Make judgements where the situation is not straightforward?	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Y	<input type="checkbox"/>					
N	<input type="checkbox"/>					
8	Make judgements where there is a range of options to select from?	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Y	<input type="checkbox"/>					
N	<input type="checkbox"/>					
9	Assess or interpret information in order to make a judgement?	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Y	<input type="checkbox"/>					
N	<input type="checkbox"/>					

Question No		Example(s)
10	<p>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.</p> <p>Please indicate how often you typically need to make these type of decisions in your role.</p>	

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## Band 5 Nurse Re-evaluation Glossary / FAQs

### 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?	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>		
Y	<input type="checkbox"/>							
N	<input type="checkbox"/>							
12	Plan and organise or co-ordinate the allocation and supervision of other staff including learners in the clinical setting	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>		
Y	<input type="checkbox"/>							
N	<input type="checkbox"/>							
13	Co-ordinate activities or events as part of your role? This may involve other staff, agencies or organisations.	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>		
Y	<input type="checkbox"/>							
N	<input type="checkbox"/>							
14	Plan rotas? If yes, please indicate how far in advance you plan for.	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>		
Y	<input type="checkbox"/>							
N	<input type="checkbox"/>							
15	Plan or organise educational or training programmes?	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>		
Y	<input type="checkbox"/>							
N	<input type="checkbox"/>							

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## Band 5 Nurse Re-evaluation Glossary / FAQs

### 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?	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	
Y	<input type="checkbox"/>						
N	<input type="checkbox"/>						
17a	Carry out restraint of patients/clients using approved breakaway techniques?	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	
Y	<input type="checkbox"/>						
N	<input type="checkbox"/>						
17b	Carry out restraint of patients/clients using approved full control and restraint techniques?	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	
Y	<input type="checkbox"/>						
N	<input type="checkbox"/>						
18	Assemble surgical equipment	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	
Y	<input type="checkbox"/>						
N	<input type="checkbox"/>						
19	Manoeuvre people where accuracy is important	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	
Y	<input type="checkbox"/>						
N	<input type="checkbox"/>						
20	Perform Surgical interventions e.g. intubation and tracheotomy or similar?	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	
Y	<input type="checkbox"/>						
N	<input type="checkbox"/>						

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## Band 5 Nurse Re-evaluation Glossary / FAQs

### 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?	<table border="1"> <tr> <td>Y</td> <td></td> </tr> <tr> <td>N</td> <td></td> </tr> </table>	Y		N		
Y							
N							
22	Develop and implement specialist programmes of care	<table border="1"> <tr> <td>Y</td> <td></td> </tr> <tr> <td>N</td> <td></td> </tr> </table>	Y		N		
Y							
N							
22a	Provide highly specialised clinical/therapeutic advice to patients/clients in a specialised area?	<table border="1"> <tr> <td>Y</td> <td></td> </tr> <tr> <td>N</td> <td></td> </tr> </table>	Y		N		
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?	<table border="1"> <tr> <td>Y</td> <td></td> </tr> <tr> <td>N</td> <td></td> </tr> </table>	Y		N			
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?	<table border="1"> <tr> <td>Y</td> <td></td> </tr> <tr> <td>N</td> <td></td> </tr> </table>	Y		N			
Y								
N								

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## Band 5 Nurse Re-evaluation Glossary / FAQs

### 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.?	<table border="1"> <tr> <td><b>Y</b></td> <td></td> </tr> <tr> <td><b>N</b></td> <td></td> </tr> </table>	<b>Y</b>		<b>N</b>			Total value = £ per week / month / year*	<table border="1"> <tr> <td><b>Y</b></td> <td></td> </tr> <tr> <td><b>N</b></td> <td></td> </tr> </table>	<b>Y</b>		<b>N</b>		<table border="1"> <tr> <td><b>Y</b></td> <td></td> </tr> <tr> <td><b>N</b></td> <td></td> </tr> </table>	<b>Y</b>		<b>N</b>	
<b>Y</b>																		
<b>N</b>																		
<b>Y</b>																		
<b>N</b>																		
<b>Y</b>																		
<b>N</b>																		

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## Band 5 Nurse Re-evaluation Glossary / FAQs

### 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)	<table border="1"> <tr><td>Y</td><td></td></tr> <tr><td>N</td><td></td></tr> </table>	Y		N			
Y								
N								
27	Are you responsible for the day-to-day work allocation, supervision or co-ordination of staff?	<table border="1"> <tr><td>Y</td><td></td></tr> <tr><td>N</td><td></td></tr> </table>	Y		N			
Y								
N								
28	Are you responsible for the clinical or professional supervision of staff?	<table border="1"> <tr><td>Y</td><td></td></tr> <tr><td>N</td><td></td></tr> </table>	Y		N			
Y								
N								
29	Do you manage a group of staff within a team/department/function?	<table border="1"> <tr><td>Y</td><td></td></tr> <tr><td>N</td><td></td></tr> </table>	Y		N			
Y								
N								
30	Do you train new people in the department?	<table border="1"> <tr><td>Y</td><td></td></tr> <tr><td>N</td><td></td></tr> </table>	Y		N			
Y								
N								
31	Are you required to deliver formal training?	<table border="1"> <tr><td>Y</td><td></td></tr> <tr><td>N</td><td></td></tr> </table>	Y		N			
Y								
N								
32	Are you required to undertake work place assessments?	<table border="1"> <tr><td>Y</td><td></td></tr> <tr><td>N</td><td></td></tr> </table>	Y		N			
Y								
N								

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## Band 5 Nurse Re-evaluation Glossary / FAQs

Question No	Do you:	YES/NO	For how many people?	Please describe the nature of the responsibility				
33	Are you responsible for the placement or allocation of staff or students?	<table border="1"> <tr> <td>Y</td> <td></td> </tr> <tr> <td>N</td> <td></td> </tr> </table>	Y		N			
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?	<table border="1"> <tr> <td>Y</td> <td></td> </tr> <tr> <td>N</td> <td></td> </tr> </table>	Y		N			
Y								
N								
35	Are you required to process data e.g. test results, statistics etc. compiled by others?	<table border="1"> <tr> <td>Y</td> <td></td> </tr> <tr> <td>N</td> <td></td> </tr> </table>	Y		N			
Y								
N								

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## Band 5 Nurse Re-evaluation Glossary / FAQs

### 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?	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>		
Y	<input type="checkbox"/>							
N	<input type="checkbox"/>							
37	Carry out research/development work which is not part of a formal research programme?	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>		
Y	<input type="checkbox"/>							
N	<input type="checkbox"/>							
38	Carry out research/development work which is part of a formal research programme?	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>		
Y	<input type="checkbox"/>							
N	<input type="checkbox"/>							
39	Carry out clinical trials?	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>		
Y	<input type="checkbox"/>							
N	<input type="checkbox"/>							
40	Carry out your own equipment testing or adaptation?	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>		
Y	<input type="checkbox"/>							
N	<input type="checkbox"/>							

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

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## Band 5 Nurse Re-evaluation Glossary / FAQs

### 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?	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	
Y	<input type="checkbox"/>						
N	<input type="checkbox"/>						
42	Is your supervisor / manager generally only available at specific times?	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	
Y	<input type="checkbox"/>						
N	<input type="checkbox"/>						
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						
	<b>Caseload responsibility</b>	<b>YES/NO</b>	<b>Describe how caseload management operates in the team/department/work area and what you are responsible for.</b>				
45	Are you responsible for a caseload/delegated case load in the community or other patient care setting	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	
Y	<input type="checkbox"/>						
N	<input type="checkbox"/>						
	<b>Additional role responsibility</b>		<b>Describe the role and what you are responsible for.</b>				
46	Are you a "Primary nurse", liaison, link nurse or similar	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	
Y	<input type="checkbox"/>						
N	<input type="checkbox"/>						

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## Band 5 Nurse Re-evaluation Glossary / FAQs

47	Do you coordinate care, lead and/or manage nursing care and working in teams?	<table border="1"> <tr> <td>Y</td> <td></td> </tr> <tr> <td>N</td> <td></td> </tr> </table>	Y		N		
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.	<table border="1"> <tr> <td>Y</td> <td></td> </tr> <tr> <td>N</td> <td></td> </tr> </table>	Y		N						Not required
Y											
N											
49	Lifting weights/equipment with mechanical aids?	<table border="1"> <tr> <td>Y</td> <td></td> </tr> <tr> <td>N</td> <td></td> </tr> </table>	Y		N						
Y											
N											
50	Manoeuvring/manipulating objects/people?	<table border="1"> <tr> <td>Y</td> <td></td> </tr> <tr> <td>N</td> <td></td> </tr> </table>	Y		N						
Y											
N											
51	Transferring people from bed to chair or similar?	<table border="1"> <tr> <td>Y</td> <td></td> </tr> <tr> <td>N</td> <td></td> </tr> </table>	Y		N						
Y											
N											
52	Lifting weights/equipment without mechanical aids?	<table border="1"> <tr> <td>Y</td> <td></td> </tr> <tr> <td>N</td> <td></td> </tr> </table>	Y		N						
Y											
N											

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## Band 5 Nurse Re-evaluation Glossary / FAQs

### Mental effort

	<b>Describe the duties that you undertake that require concentration. List the most important first</b>		
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.	<b>How many shifts during the week</b>	<b>How long for on each shift*</b>

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

<b>Interruptions</b>					
				<b>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</b>	<b>Number of times each shift</b>
54	Are you interrupted in the course of your work?	<b>Y</b>	<input type="checkbox"/>		
		<b>N</b>	<input type="checkbox"/>		



## Band 5 Nurse Re-evaluation Glossary / FAQs

### *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	<table border="1"> <tr><td>Y</td><td></td></tr> <tr><td>N</td><td></td></tr> </table>	Y		N			
Y								
N								
56	Giving unwelcome news to patients/clients/carers/staff	<table border="1"> <tr><td>Y</td><td></td></tr> <tr><td>N</td><td></td></tr> </table>	Y		N			
Y								
N								
57	Dealing with difficult situations /circumstances	<table border="1"> <tr><td>Y</td><td></td></tr> <tr><td>N</td><td></td></tr> </table>	Y		N			
Y								
N								
58	Designated to provide emotional support to front line staff	<table border="1"> <tr><td>Y</td><td></td></tr> <tr><td>N</td><td></td></tr> </table>	Y		N			
Y								
N								
59	Caring for the terminally ill	<table border="1"> <tr><td>Y</td><td></td></tr> <tr><td>N</td><td></td></tr> </table>	Y		N			
Y								
N								
60	Providing a therapy service to emotionally demanding patients/clients/staff	<table border="1"> <tr><td>Y</td><td></td></tr> <tr><td>N</td><td></td></tr> </table>	Y		N			
Y								
N								
61	Communicating life changing events to patients/clients/staff	<table border="1"> <tr><td>Y</td><td></td></tr> <tr><td>N</td><td></td></tr> </table>	Y		N			
Y								
N								
62	Dealing with people with challenging behaviour	<table border="1"> <tr><td>Y</td><td></td></tr> <tr><td>N</td><td></td></tr> </table>	Y		N			
Y								
N								

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## Band 5 Nurse Re-evaluation Glossary / FAQs

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		

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## Band 5 Nurse Re-evaluation Glossary / FAQs

	Are you required to use or are exposed to:	Yes/No	Frequency per Week/month/year on average	Please describe the requirement				
68	Unpleasant substances/non household waste	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>		
Y	<input type="checkbox"/>							
N	<input type="checkbox"/>							
69	Noxious fumes	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>		
Y	<input type="checkbox"/>							
N	<input type="checkbox"/>							
70	Infectious materials or foul linen	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>		
Y	<input type="checkbox"/>							
N	<input type="checkbox"/>							
71	Highly unpleasant conditions e.g. body fluids, faeces, vomit, emptying bed pans and urinals, catheter bags or similar	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>		
Y	<input type="checkbox"/>							
N	<input type="checkbox"/>							
72	Fleas and lice	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>		
Y	<input type="checkbox"/>							
N	<input type="checkbox"/>							
73	Aggressive physical behaviour	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>		
Y	<input type="checkbox"/>							
N	<input type="checkbox"/>							
74	Dangerous chemicals or substances that are not contained	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>		
Y	<input type="checkbox"/>							
N	<input type="checkbox"/>							
75	Life threatening hazards	<table border="1"> <tr> <td>Y</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> </table>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>		
Y	<input type="checkbox"/>							
N	<input type="checkbox"/>							

**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.**

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