



# ZENTAR HEALTHCARE

Patient Care is Paramount

## HEALTHCARE ASSISTANT INTERVIEW QUESTIONNAIRE

<b>Candidate Name</b>	
<b>Area of speciality</b>	
<b>BAND/GRADE</b>	<input type="checkbox"/> Band 2 <input type="checkbox"/> Band 3 <input type="checkbox"/> Band 4
<b>Date</b>	
<b>Interview completed</b>	<input type="checkbox"/> London Headoffice <input type="checkbox"/> Video Interviewing

### THIS ASSESSMENT CONSIST OF 4 PARTS:

1. HCA KNOWLEDGE BASED ASSESSMENT PAPER	3. SKILL CHECKLIST
2. ENGLISH TEST	4. FACE-TO-FACE ASSESMENT WITH OUR CLINICAL MANAGER

## HCA KNOWLEDGE BASED ASSESSMENT PAPER – PART 1

### CHOOSE THE CORRECT ANSWER:

- |  |  |
|--|--|
| 1. Poor moving and handling practice can lead to back pain and musculoskeletal disorders, which can lead to inability to work.. (10 Marks) | <input type="checkbox"/> True <input type="checkbox"/> False |
| 2. Proper hand washing technic is essential in preventing spread of infection. (10 Marks)  | <input type="checkbox"/> True <input type="checkbox"/> False |
| 3. A patient's temperature of 36.5 is within normal range. (10 Marks)  | <input type="checkbox"/> True <input type="checkbox"/> False |
| 4. Wearing gloves and yellow gown when entering a room of source-isolated patient is optional. (10 Marks)                                  | <input type="checkbox"/> True <input type="checkbox"/> False |

### GIVE THE BEST ANSWERS TO THE SITUATIONAL QUESTIONALS BELOW:

5. You counted the patient's respiratory rate to be around 35 breaths/min. What would be your next appropriate action? (15 marks)

Answer:

6. What is the most important aspect to provide and preserve when helping with washing and dressing patients. (15 marks)

Answer:



Zentar UK Limited – Company Registration 08315409

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## ENGLISH TEST – PART 2

1. Please tick the most appropriate word to be used to complete the sentence.
The nurse _____ the medication on to the patient. {give / gave / given}
2. Please tick the most appropriate word to be used to complete the sentence.
The patient _____ be administered intravenous antibiotics . {Would / is / Will}
3. Please tick the most appropriate word to be used to complete the sentence.
_____ are 25 beds on ward 5 {There / Their / They're}
4. The word below is spelt phonetically please write the correct spelling of the word in the box provided.
Medicayshion :
5. The word below is spelt phonetically please write the correct spelling of the word in the box provided.
Prespkriptshion:
6. Please rewrite the sentence below adding in missing punctuation and capital letters.
dr wright requested the nurse to conduct a blood test for patient mrs smith in ward 11 and wanted to be updated once the results were received:
7. What are the usual patient observations recorded on a NEWs sheet?
8. Please could you kindly explain what ABC in the acronym ABCDE stands for?

## HEALTH CARE ASSISTANT SKILL CHECKLIST – PART 3

Please complete this form by ticking the correct boxes and making any comments that you feel that may be necessary in the last box.

SKILL					
PATIENT OBSERVATIONS & RECORDINGS	No Experience	Competent	SPECIMENS	No Experience	Competent
TPR	<input type="checkbox"/>	<input type="checkbox"/>	Microbiology	<input type="checkbox"/>	<input type="checkbox"/>
BP Monitoring <ul style="list-style-type: none"> <li>• Manual</li> <li>• Automatic</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	Histology	<input type="checkbox"/>	<input type="checkbox"/>
			Bronchial Washings	<input type="checkbox"/>	<input type="checkbox"/>
Food Chart	<input type="checkbox"/>	<input type="checkbox"/>	Bronchial Brushings	<input type="checkbox"/>	<input type="checkbox"/>
Fluid Balance Chart	<input type="checkbox"/>	<input type="checkbox"/>	Cloe/Helicobacter Test	<input type="checkbox"/>	<input type="checkbox"/>
Behaviour Chart	<input type="checkbox"/>	<input type="checkbox"/>	Amylase Test	<input type="checkbox"/>	<input type="checkbox"/>
BM Monitoring + Recording	<input type="checkbox"/>	<input type="checkbox"/>	Care of specimens	<input type="checkbox"/>	<input type="checkbox"/>
SKILLS	No Experience	Competent	KNOWLEDGE AND UNDERSTANDING	No Experience	Competent
Effective Communication	<input type="checkbox"/>	<input type="checkbox"/>	Equal Opportunities	<input type="checkbox"/>	<input type="checkbox"/>
Maintain Patient Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	Safeguarding	<input type="checkbox"/>	<input type="checkbox"/>



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	No Experience	Competent		No Experience	Competent
Personal Care	<input type="checkbox"/>	<input type="checkbox"/>	Health and Safety	<input type="checkbox"/>	<input type="checkbox"/>
Oral Care	<input type="checkbox"/>	<input type="checkbox"/>	Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>
Basic literacy/numeracy skills	<input type="checkbox"/>	<input type="checkbox"/>	Incident Reporting	<input type="checkbox"/>	<input type="checkbox"/>
Moving + Handling	<input type="checkbox"/>	<input type="checkbox"/>	PPE	<input type="checkbox"/>	<input type="checkbox"/>
Basic Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	Care Pathways	<input type="checkbox"/>	<input type="checkbox"/>
Report Changes in Pt Condition	<input type="checkbox"/>	<input type="checkbox"/>			
Assist with Diet + Fluids	<input type="checkbox"/>	<input type="checkbox"/>	<b>PATIENT OBSERVATIONS AND RECORDINGS</b>	<b>No Experience</b>	<b>Competent</b>
Dehydration – signs of	<input type="checkbox"/>	<input type="checkbox"/>	TPR	<input type="checkbox"/>	<input type="checkbox"/>
Malnutrition – signs of	<input type="checkbox"/>	<input type="checkbox"/>	Food Chart	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Area Care	<input type="checkbox"/>	<input type="checkbox"/>	Fluid Balance Chart	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Behaviour Chart	<input type="checkbox"/>	<input type="checkbox"/>
			BM Monitoring + Recording	<input type="checkbox"/>	<input type="checkbox"/>
			BP Monitoring	<input type="checkbox"/>	<input type="checkbox"/>
			• Manual		
			• Automatic		

## FACE-TO-FACE INTERVIEW (TO BE FILLED BY CLINICAL MANAGER)

### PART 4

1. Please take me through your work history for the last 5 years.
2. What other agencies have you registered with in the past and are you still registered with them?
3. Have you ever been refused registration by an agency/Hospital?
4. Have you ever been suspended or dismissed by an employer? If yes please provide details below.
5. Have you ever received a caution, undergone an investigation, or been convicted of any offence on your DBS or in any overseas country? If yes please provide details in the box below
6. Have you ever received a caution, undergone an investigation or been subject to restricted practice, or been removed from the register of your relevant governing body (NMC, GMC or HCPC)? If yes please provide details below



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7. What is your present employment status?
8. What additional trainings have you done to enhance your skills at work?
9. How many shifts per week can you work? Would you prefer Days/Nights?
10. What are your preferred work areas/Specialities?
11. Are there any areas/speciality you are not willing to work in?
12. If you are employed by NHS, when was your last appraisal done?
13. Which areas would you be interested in working for Zentar?
<input type="checkbox"/> NHS / Private Hospitals <input type="checkbox"/> Nursing Homes <input type="checkbox"/> VIP Care Packages
14. Which geographical area you would prefer to do agency work in?

INTERVIEW OBSERVATIONS	
1. HCA Questionnaire	/100
2. How did the candidate score in English Test (Written/Verbal)	<input type="checkbox"/> POOR <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> GOOD <input type="checkbox"/> EXCELLENT
3. Overall Impression of the candidate taking into account appearance & punctuality.	<input type="checkbox"/> POOR <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> GOOD <input type="checkbox"/> EXCELLENT

<b>INTERVIEW SCORE</b>
Has the candidate Passed/Failed
<input type="checkbox"/> Passed <input type="checkbox"/> Failed

<b>Candidate Signature:</b>	
<b>Interviewers Name:</b>	
<b>Interviewers Signature:</b>	
<b>Date:</b>	