

BAND 2 - JOB EVALUATION QUERY FORM

Health Care Assistant / Auxiliary Nurse / Nurse Assistant / HCSW

**Member details - Please complete**

**Title Name Initials Surname**

**Address 1 Address 2**

**Town/City**

**Postcode**

**Date of Birth**

**Home Telephone**

**Email address**

**UNISON Membership / NI Number**

**Work details**

**Workplace Site/Dept**

**Job title/occupation**

I believe my current Job Description does not accurately reflect the duties I actually do on a day to day basis.

I believe that the work I undertake is beyond that of personal care and should be regraded in accordance with the new and changed jobs scheme.

Duties undertaken which are not within the scope of the A4C Band 2 National Profile for my role include: (Tick)

□ Venepuncture

□ FOB Testing

□ Nutritional Screening □ Pregnancy Testing

□ Removal of cannulae

 □ Stoma Bag Changing □ Cannulation

□ Basic Life Support

□ BMI Charts

□ MRSA Screening

□ Escorting patients

□ Wound Observation □ Urinalysis Testing

□ SCI Audit System

□ Blood Pressures

□ Basic Dressings

□ PC Skills

□ Completing Patients daily

charts

□ Making entries in patients records

Any Other Duties deemed relevant outside of personal care can be added here or completed in Section 8 of CASE Form attached, giving a concise explanation.

**Please ensure Section 1 – 12 of CASE Form are completed, please read the conditions for providing assistance and Member Declaration in attached CASE Form (Section 12) is signed. Please return to UNISON Forth Valley Health Branch in envelope provided.**

**I agree that the above information is accurate**

Signature

Date-

For UNISON Use Only

Date

 Query Form/Completed CASE Form received by Branch

Date

 Member’s details added to database

Date

 Discussion / meeting with member / Update Letter

**Other Information**

Date

 Member sent activist information / steward nomination form