Contents

Foreword x
Acknowledgements xi
Introduction xiii

1 Introduction to Employability 1
   Wider Employability 2
   Who Can Help Me? 5
   Career Planning Theories 6

2 Career Planning 9
   Step 1: Understanding Who I Am 11
   Step 2: Exploring Options 20
   Step 3: Making Choices 28
   Step 4: Gaining Experiences 29
   Step 5: Applying 30

3 Job Applications 31
   Presentation, Presentation, Presentation 32
   Curriculum Vitae 32
   The Finished Article 54
   Completing Applications 58
   Integrity in Applications 60
   Personal Statements 62
   How to Create a Portfolio for Interviews and CPD 68
   Summary 70

4 The Selection and Recruitment Process 71
   The Job Description 72
   Essential Skills 74
   Values-Based Recruitment 75
## Service-User Involvement in Recruitment and Selection
- P. 78

## The Value-Added Element
- P. 79

## The Ideal Candidate
- P. 79

## Screening Applications
- P. 80

## Social Networking and Lifestyle
- P. 81

## Types of Selection Methods
- P. 82

## How to Gain Your Own Experience as an Interviewer
- P. 95

## Applications, Interview Conduct and the Law
- P. 96

## Disclosure and Barring Service (DBS) Check (Formerly Known as CRB)
- P. 103

### 5 Preparing for Interview
- P. 105
- Date and Time
- P. 106
- Contact Details
- P. 106
- Location and Personal Safety
- P. 107
- Special Requirements
- P. 107
- Documentation
- P. 107
- Mental Preparation
- P. 108
- Background Research
- P. 109
- Mock Questions
- P. 110
- How to Construct a Good Answer
- P. 113
- Interview Format
- P. 115
- Practice Questions
- P. 116
- Medicines Management Practice Questions
- P. 121
- How to Present Yourself on the Day
- P. 122
- What Not to Do or Say at Interview
- P. 125
- Closing the Interview
- P. 128
- Look After Number One!
- P. 129
- How to Manage the Outcome
- P. 130
- Summary
- P. 134

### 6 Employment Beyond First Post
- P. 135
- What’s Next?
- P. 136
- Appraisals and Progression
- P. 138
- Continuing Professional Development
- P. 142
Introduction to Employability
KEY WORDS

Employability; employment; wider employability; core skills; transferable skills; career advice; career planning; career counselling; careers practitioners; career planning theories.

This chapter begins by giving thought to wider employability and career prospects for graduate nurses and midwives. The term “employability” does not mean the same as employment. Yorke (2006) distinguishes between a graduate’s employability, that is, the individual’s capacity to function in a job, and their employment, that is, being in a job, which may or may not be a “graduate job”. He defines employability as “a set of achievements – skills, understandings and personal attributes – that make graduates more likely to gain employment and be successful in their chosen occupations, which benefits themselves, the workforce, the community and the economy” (p. 8).

As a graduate you will exit with a range of core and transferable skills, a professional registration and the preparation necessary to succeed as an NQN/NQM. Employability is not a static entity; whilst this book predominantly focuses on the launch of your career at the point of graduation, your future employability will be influenced by how you approach the process, your early career choices and how you engage and exploit subsequent learning opportunities. This section advises you about sources of support and introduces you to a number of career planning theories to illustrate what you can and cannot control.

WIDER EMPLOYABILITY

Nursing and midwifery are amongst the most sought after professions in the United Kingdom (UK), with nursing alone accounting for more applications for entry to degree courses than all other higher education courses (UCAS 2012). Precise data is difficult to verify but it is estimated that 18,000 NQNs graduate annually out of the approximately 21,000 who commence training programmes. With around 673,500 nurses, including dual Specialist Community Public Health Nurses (SCPHN) and midwives registered with the Nursing and Midwifery Council (NMC) (NMC 2013), a superficial assessment might well conclude the employment opportunities to be scant. However, with the NHS alone employing in excess of 385,500 nurses (RCN 2014a), the reality is that there are very few registered nurses in the UK unable to gain professional employment. The UK nursing labour force data (RCN 2012, 2013a, 2014a; BBC 2015) is
consistent in its prediction that by 2016 there will be a significant short-fall in the supply of graduates to fill vacant posts.

In midwifery the situation is similar to that of nursing, with approximately 39,000 midwives and dual registration nurse/midwives registered with the NMC but with ongoing NHS midwife vacancies of an estimated 2,000 posts (House of Commons Committee of Public Accounts 2014). However, working in the NHS is not the only option; from the point of registration an NQM can practise as an independent or private midwife. Most professional bodies recognise that the current commissioning of University midwifery training places is barely keeping pace with staff turnover, suggesting long-term buoyancy in opportunities for new registrants.

In respect of both quality of delivered care and economic considerations, graduate nurses and midwives are increasingly sought-after employees. Multiple sources identify robust evidence of increasingly strong outcomes and care standards coupled with reduced cost to the public purse and positive client feedback compared to other care professionals (Midwifery 2010; Willis Commission on Nursing Education 2012).

Understanding the context and drivers that are shaping services, alongside existing and emerging opportunities for employment, is essential. These will be discussed in more depth in Chapter 3. Both the NHS Mandate (DH 2013a) and NHS Outcomes Framework (DH 2014a) set out clear objectives to address five priority areas; on the front line and as future leaders involved in service design, graduates will have a key role.

An aging UK population increases the demand for healthcare. Table 1.1 (Office for National Statistics (ONS) 2012) outlines how demographics have changed over the past 30 years and offers a 20-year forecast.

<table>
<thead>
<tr>
<th>TABLE 1.1 The aging profile of the UK population (ONS 2012, p. 4)</th>
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</thead>
<tbody>
<tr>
<td>Percentage of older people in the UK, 1985, 2010 and 2035</td>
</tr>
<tr>
<td>Year</td>
</tr>
<tr>
<td>------</td>
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<tr>
<td>65 and over</td>
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<td>85 and over</td>
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</table>

In 1985, 15 per cent of the population in the UK was aged over 65 years; this rose to 17 per cent in 2010 and is projected to account for 23 per cent of the total population by 2035. Following a similar
trajectory, the number of the “oldest old” (aged over 85 years) will grow even faster, from 2 per cent of the total UK population (1.4 million) in 2010 to 5 per cent (3.5 million) in 2035 (ONS 2012). The unprecedented number of those aged over 85, of whom 25–50 per cent are living with frailty, is an urgent and challenging issue (Cracknell 2010; House of Lords 2013; British Geriatrics Society and AgeUK 2015). Whilst life expectancy is increasing rapidly, “healthy life expectancy” has not increased at the same rate. This is compounded by the prevalence of well-recognised health conditions such as degenerative brain disorders, cancer and lifestyle-linked diseases (e.g. respiratory, cardiovascular and liver), all of which place mounting pressure on UK health and social care services.

Staffing shortages in certain areas mean more vacancies, but a reputation for chronic understaffing can deter applicants; safe staffing guidance introduced in 2014 by the National Institute for Health and Care Excellence [NICE] (NICE 2015) will undoubtedly make some areas more attractive than others. This guidance applies to accident and emergency, acute in-patients (neonates, paediatrics and adult), maternity, learning disabilities, mental health and community services. There is also a move to augment community provision in order to balance workforce numbers with demand. Areas such as District nursing need to recruit and develop new staff to guard against the threat of a loss of expertise in a workforce where a large percentage of staff are nearing retirement (RCN 2013b). This opens doors to NQNs.

Similarly in midwifery, whilst most midwives still work in a hospital environment, government policy is shifting towards a model of community-based maternity care (Midwifery 2010). As a consequence, graduate midwives should have more opportunities to become involved in organising and leading local services for women and families.

You will exit with transferable skills combined with a confidence and agility that stems from adapting to demands of different placement during your programme. Unless you are contractually obliged (i.e. as a secondee) to return to a sponsoring employer, you are essentially free to look across the range of different employers. The NHS is the main employer of nurses and midwives in the UK. Moreover it occupies a strong position as an employer of graduates per se; according to data in The Times (2014) league table of the UK’s most exciting and respected graduate recruiters the NHS now ranks 5th, having moved up from 8th in 2013. That said, registrants also find employment with a diverse range of other linked or relevant healthcare providers such as the independent sector (hospitals, agencies, nursing homes and home care), industry, the armed services, charities and local authorities.
Currently there is no national data about the number of nurses employed outside of the NHS, but market intelligence shows this is where opportunities have increased significantly over the past 10 years. As a result of the politically influenced model of the contracting of professional healthcare services, both within and without the NHS, future nurse employment will inevitably follow different pathways than the well-established “NHS Band 5” newly qualified role. In order to understand how the healthcare landscape might look in the future and where new opportunities will be, it is worth reading the executive summaries of two key documents, the NHS Five Year Forward View (NHS England 2014) and the Dalton Review (DH 2014b).

WHO CAN HELP ME?

Career advice and counselling has its place at every turning point in your career. It can take various forms, from informal, unsolicited information given by a supportive mentor or clinical manager to discussions at one-to-one progress reviews with your tutor, within employability themed modules, or comprise formally arranged sessions with a designated careers counsellor/advisors/practitioner. The term “counselling” (Oxford English Dictionary 2015) means the provision of professional assistance and guidance in resolving personal or psychological problems. You may reasonably feel the term “problems” has negative connotations, so perhaps thinking about resolving “dilemmas” or “challenges” is more helpful. However, turning to a careers counsellor to find direction is not necessarily everyone’s first response to a dilemma or challenging time.

Experience indicates that some students will seek expert help only after an adverse event, such as following an interview where they were unsuccessful in gaining employment. The reason often is that they felt they could manage themselves and did not like to ask for help. At the other end of the spectrum are students who, with good reason, start the process well before their final year: they exploit every step of the career planning cycle (Chapter 2), all available avenues of support, checking and cross-checking information with military precision prior to making any key decision.

Accessing help is not perceived as a weakness by those whose role is to guide students through what is a testing process; indeed contributing to a person’s successful achievement of their dream job is very satisfying. Employability is high on every university agenda, and this theme is frequently an established thread in programmes from year one to graduation. Arguably, instead of being a discrete activity that occurs...
mainly in the final year, timely career guidance should be overt from the point of your undergraduate application in the recruitment process and should be available to all students throughout their programmes. So if you are reading this and are now worried that you do not know whom to contact in your institution, then it is time to identify who can help you.

In addition to specialist employability leads within faculties, there are often career practitioners or coaches employed by university careers services who are aligned to a faculty or programme. These staff have discipline-specific knowledge and provide bespoke advice and support at every stage from pre-employment to beyond. For a defined period of time after completion many universities offer their alumni continued access to expert help when, for example, an individual is contemplating a subsequent job move, return to study or career change. This support may be in the form of face-to-face meetings or increasingly, with technological developments, online via email or Skype.

Furthermore the prospective employer is a key resource. You will have already built up a network of clinical contacts, and this will be invaluable. How to exploit this will be examined in more detail in Chapter 2, section “Step 2: Exploring options”. Utilising both your university and contacts early is advisable. Looking after your own interests and making sure you are as prepared as possible can prevent avoidable mistakes.

**CAREER PLANNING THEORIES**

There are a number of different ways to approach the career decision-making process; an awareness of some career theory can help you understand how your career decisions might be influenced and shift over time as your priorities naturally change. Four of the main career development theories are summarised in Table 1.2. The Structural or Opportunity Structure theory (Roberts 1968) argues that career choice does not rest solely with you (the applicant) and that your decisions are controlled by the interplay of environmental factors outside of your control, such as the offer of a university place and the availability of jobs when you graduate. Add to this sociocultural aspects such as gender, class background, ethnicity or disability and self-imposed constraints which may limit your horizon. For example, some choices you make may be influenced by what you value, or believe others to value rather than what would be the most satisfying for you personally. The environment and a person’s upbringing can restrict the options they explore, ruling themselves out of certain roles and what they might aspire to achieve. If
those around you, whose opinion/s you respect, do not support a choice this may discourage you from applying for certain jobs. Conversely, an environment with plenty of opportunities and solid networks can encourage people to be more ambitious and facilitate career development. An advantage of structural theories is that they can help put situations into perspective. The lack of opportunity or success is not wholly the applicant’s fault because they cannot control some of the wider factors.

A different approach is the Person-Environment Fit theory (Holland 1997) which uses tools to categorise personality types and work environments to identify “best fit”. Having this insight helps people choose environments to work in that are suited to their individual traits and preferences. The role of personality assessments will be examined in greater depth in Chapter 2.

TABLE 1.2 Different career planning theories

<table>
<thead>
<tr>
<th>Structural or Opportunity Structure theory</th>
<th>Person-Environment Fit theory</th>
</tr>
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<tbody>
<tr>
<td>• It is important to be aware of the job market and what is on offer.</td>
<td>• Categorises personality types and work environments.</td>
</tr>
<tr>
<td>• You do not have sole control over your future career; the economy and employers play a significant part too.</td>
<td>• Identifies occupations/environments which match your individual characteristics.</td>
</tr>
<tr>
<td>• Not securing a job can be down to issues with the economy, not just your suitability.</td>
<td>• Develops good self-awareness of the person you are and the person you may want to become in terms of your skills, motivations, interests and personal attributes.</td>
</tr>
<tr>
<td>• Job status is important to you/others.</td>
<td></td>
</tr>
<tr>
<td>• There may be opportunities that you overlook.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Developmental theory</th>
<th>Planned Happenstance theory</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Good career decisions involve taking short and longer term views.</td>
<td>• The aim is to transform unplanned events into career opportunities.</td>
</tr>
<tr>
<td>• It is a continuous process, so you need to revisit decisions on a regular basis.</td>
<td>• It is not always necessary to plan a career in the conventional sense.</td>
</tr>
<tr>
<td>• This approach encourages you to experiment with different jobs before finding the right “fit” for you.</td>
<td>• Instead it is important to prepare for happenstance (the unexpected).</td>
</tr>
<tr>
<td>• What might be the right fit now may change significantly during your working life.</td>
<td>• Focus on developing skills and attributes that could be useful in all sorts of situations.</td>
</tr>
<tr>
<td></td>
<td>• Be curious [find out about things related to work] and see chance events as opportunities that could lead to action.</td>
</tr>
</tbody>
</table>
Another perspective, the Developmental theory (Super 1957), sees career planning as a continuous process and reassures those who may be anxious of making a mistake that it is acceptable to experiment until they find what is right for them. What feels the right option now will almost certainly change with age, experience and new priorities, such as the need for a greater work–life balance and this opens up the notion of a second career.

The final theory offered here for consideration is that of Planned Happenstance (Mitchell et al 1999). Preparing graduates to take advantage of the unexpected or “serendipity” is important. The labour market fluctuates; when there are plenty of jobs applicants are in a stronger position and can move between employers with relative ease and security, knowing that if they subsequently find it is not the right job, then there are other options. However, when there is a shortage of jobs in particular areas, people can feel trapped by the lack of prospect. Having the courage to make a move and being in the right place at the right time are issues that are explored in more depth later.

Think about a theory or a blend of theories you prefer and why this is the case. Different elements of these theories feed into the career planning cycle, which is explored in Chapter 2.
Index
A
Accountability 12, 62, 66, 81, 83, 92, 111, 124, 125, 127,
Accreditation of prior learning APL 151, 169
Action planning 10, 21
Additional experience 10, 16, 29, 30, 43, 47–9, 79, 95,
Adult field 118, 120, 122
Advertisements 10, 25, 27, 28, 45, 59, 78, 90
Advisory, Conciliation and Arbitration Service ACAS 104
Agenda for Change AfC 72, 73, 136, 139
Applications 2, 6, 10, 13, 19, 20, 25, 27, 30–62, 72, 74, 78–81, 83, 89, 92, 96, 100–4, 108, 109, 125, 127, 130–1, 133, 143–4, 146–7, 151
Appraisals 76, 138–42
Arriving late 123
Assessment centres 72, 82, 84–5
Assessment of practice portfolios AOP 15, 18, 70, 93, 95, 107, 116
Australia 84, 169

B
Background research 17, 25, 109
Band 5 increments 72–4, 139
Band 6 73, 139
Belbin 89
Body language 86, 87, 126
Border and Immigration Agency 96, 102

C
Canada 84, 157, 170
CAR Framework 91, 113–115
Carers 78–9, 118, 128
Career advisers/counsellors/practitioners 5, 19, 54, 59–60, 94, 103, 110,
Career counselling 5, 128
CareerEDGE model of graduate employability 157–8
Careers fairs 10, 23–4, 84

Career pathways 5, 17, 146, 149,
Career planning cycle 5, 8, 10, 157
Career planning theories 2, 6–8, 157
Child Field 42, 118–20, 122, 151
Clinical Academic Careers 141, 148–50
Clinical Doctorate 141, 146–8
Clinical Governance 66, 68, 117
Closing interviews 128–9
Community nursing 2, 4, 13, 14, 16, 30, 48, 61, 64–5, 81, 109, 114, 118, 119, 139, 150–1
Community midwives 2, 4, 13, 19, 48, 67
Competency based assessment 82, 90–2
Continuing professional development CPD 19, 33, 68–70, 76, 129, 139–148
Continuing professional educations CPE 142
Core skills, core job requirements 2, 109
Criminal Record Bureau CRB 103–4, 108
Curriculum Vitae CV 22, 23, 24, 27, 30, 32–70, 95, 133, 138, 140, 142, 146, 157–8
CV builder 35, 70,
CV templates 34–5, 55–7
Micro/ mini CV 33

D
Dalton Review 5, 117
Data Protection Act 1998 51, 56, 97, 101
Desirable Skills 27, 75, 80, 100
Disability 6, 51, 60–1, 72, 94, 96–101, 104, 127–8
Disability Discrimination Act 1995 DDA 96–8
Disclosure and Barring Service DBS 60, 96, 103, 108, 128
Discrimination 51, 72, 96–101
Documentation 27, 30, 83–4, 107–8
Dress codes 86, 122–4
E
Eire 84, 169
Electronic portfolio eFolio 15, 70
Employability; wider employability 2–8, 157–8
Employment history 37, 46–7, 57, 96
Equality Act 2010 38, 51, 72, 96–8, 100–1
Erasmus 30, 43
Essential Skills 45, 74
European Credit Transfer System ECTS 144
Evidence based practice EBP 63, 80, 124, 145

F
Facebook 22, 81, 120
Failure 42, 52, 108, 131–2
Francis report 75, 117

G
General education 41–3, 46, 56
Genuine occupational qualification GOQ 72, 74, 79, 81
Genuine occupational requirement GOR 79, 101
Goal setting 13–4, 17, 20–1
Google 82, 88
Graduate attributes 11–2
Group interviews 82, 84, 89–90
Guaranteed interview scheme GIS 60, 100

H
Health visitors 73, 139, 150–1
Hidden dangers 126
Home Office UK Border Agency UKBA 102–3
Human resources HR 27, 85, 104, 107, 109, 116, 133,
Humanitarian agencies 152–7

I
Inappropriate questions 125–7
Informal visits 24–6, 59, 84, 109,
Interests, activities and hobbies 37, 48–50, 57, 79, 112
International Council of Nurses ICN 157, 170
International English Language Testing System IELTS 92, 148, 170
International students (non-EU) 96, 102–3, 148,
Internships 30, 43, 152
Interviews
Closing the interview 128–9
Conduct and the Law 60, 96, 98, 100–1, 104, 125, 127
Purpose of interviews 83–4
Types:
One-to-one interviews 82, 84–6
Competency based assessment 82, 90–2, 113
Group interviews 82, 84, 89–90
Mock interviews 19, 110–12, 126
Multiple mini-interviews MMIs 86
Numeracy and literacy assessments 78, 82, 92–93
On the spot” screening interviews 24–5, 82, 84, 134
Panel interviews 69, 78, 82, 85, 87, 89, 95, 106, 111, 115–6, 119, 122, 127–9, 134, 150–1
Presentations 82, 84
Psychometric and aptitude tests 17, 82, 84, 93–5, 110
Role play and simulation 76, 82, 86, 89, 90–93, 110
Telephone based interviews 86–87
Webcam based interviews 86–88

J
Job description 27, 33, 45, 59, 72–5, 78, 90, 108–9
Jobs fairs 10, 23–4, 84

K
Kirkup report 75, 117
Knowledge and Skills Framework KSF 72–4, 139–40

Copyrighted material – 9781137362407
Law – interview conduct  60, 72, 96–104, 125, 127
Learning disabilities Field  4, 42, 119, 121–2, 132
LinkedIn  33, 36, 38–9, 81, 152

Managing rejection  5, 131–4
Managing success  11, 12, 15, 130–1
Medicines Management  44, 55, 56, 65, 93, 116, 121–2, 170
Mental health field  119, 121–2
Mental preparation  108
Mentorship module  68, 128, 140, 144,
Midwives, independent  3, 13, 17, 21
Minimum genuine occupational qualifications GOQs  72, 74, 79, 81,
Mock interviews  19, 110–12, 126
Mock questions  110, 116–122
Multiple mini-interviews MMIs  72, 82, 86

The National Institute of Health Research NIHR  148, 150
National profiles  139
Nerves  89, 108, 122–4, 132, 134
Networks, networking  7, 12, 22, 33, 38, 81, 95, 133, 136, 152
NHS Careers  22, 73, 74, 102, 151
NHS Constitution  75–6, 117
NHS Five Year Forward View  5, 117
NHS Jobs  18, 21, 22, 30, 58, 60, 62, 74, 100, 103–4, 125, 139
NHS Mandate  3, 78,
Non EU Nationals  96, 102–3, 148
North America  84, 157, 170
Northern Ireland Legislation  51, 96–8, 104,
Numeracy and literacy assessments  78, 82, 92–3
Nursing boards  157, 169–70


Occupational health  96–7, 99, 101
Occupational health nursing  150
Overseas Nursing Programme ONP  92
On the spot” screening interviews  24–5, 82, 84, 134
One-to-one interviews  82, 84–6

Panel interviews  69, 78, 82, 85, 87, 89, 95, 106, 111, 115–6, 119,122, 127–9, 134, 150–1
Performance appraisal and development review PADR  139–40
People-powered health  78
Person specification  18, 27, 33, 45, 59, 60, 62, 74–5, 78, 80, 108, 109
Personal details  35, 38–9
Personal development plan PDP/R  116, 140
Personal professional portfolio PPP  32, 33
Personal safety  107, 109
Personal statement  30, 32, 58, 59, 62–8
Personality types  7, 17–18, 93–4
PhD research doctorate  23, 141, 146–50
Points-based System  102, 103
Portfolios  15, 19, 33, 45, 68–70, 93, 107, 114, 136, 140, 142–4,
Positive actions  100–1
Practice development experiences  43
Preceptorship  13, 16, 19, 21, 25, 28, 66, 73, 117, 128, 136–8, 145
Presentations  82, 84
Index

Professional education 39, 41–2, 55, 138
Professional indemnity 144, 157
Professional profile 35, 39–40, 55
Professional qualifications 17, 39, 42–3, 83, 96, 103, 157
Professional registration 2, 29, 24, 74, 96, 138,
Priorities 6, 8, 28–9,
Psychometric and aptitude tests 17, 82, 84, 93–5, 110
Public and Patient Involvement PPI 78

Q
Questions
Adult field 118, 120, 122
Child field 118, 120, 122
Community & Primary Care 118
Generic 116–8, 120
Learning disabilities 119, 121, 122
Medicines management 121–2
Mental health field 119, 121, 122
Midwifery 119–20, 121, 122
Service-user 120–1

R
Reasonable adjustments 52, 61, 94, 97, 99–101, 107, 124, 128
Referees 32, 50–4, 81, 133
References 37, 50–4, 57, 70, 96, 123, 133
Rehabilitation of Offenders Act (Exceptions Order) 1975 96, 98, 103
Rejection 5, 131–4
Republic of Ireland 170
Research doctorate 141, 146–8
Reservists 152, 168
Resume, micro or mini 33
Revalidation 33, 68–70, 143–4
Role play and simulation 76, 82, 86, 89, 90–3, 110–12
Royal College of Nursing RCN 23, 35, 37, 47, 50, 57, 70, 73, 100, 102, 140–2, 153–5, 169
Royal College of Midwives RCM 23, 49, 70, 103, 141, 154, 169

S
School nursing 150–1
Screening applicants 18, 25, 76, 79, 80–2
Selection methods 80, 71–95
Self-assessment exercises 10–6, 18–9
Self-awareness 7, 112, 83, 89, 126, 157
Service user involvement 78–9
Sexual health practitioner 150–1
Shortlisting 72, 78, 86, 98, 108, 125, 131
Six Cs 6Cs 75, 80, 117
Skills Shortage List 103
Skype 6, 87–8
Special requirements 52, 61, 94, 97, 99–101, 107, 124, 128
Specialist community public health nursing SCPHN 2, 141, 150–1
Speculative letters 25–6, 33
Social networking 33, 81–2
STAR framework 113
Success 11, 12, 15, 130–1
Supporting information 32, 58, 63
SWOT analysis 18–9

T
Team role descriptors 89
Telephone based interviews 86–87
Theatre nursing 139
Transcripts 52, 157
Transferable skills 2, 4, 29, 46, 50, 156
Transition 19, 25, 28, 54, 66, 72, 136, 138, 157
2 Tier Certificate of Sponsorship 96
Twitter 33, 81

U
UK Border Agency UKBA 102–3
Unison 49, 103
United States of America USA 84, 157, 170

V
Values-based recruitment VBR 45, 46, 72, 75
Voluntary work, volunteer 24, 30, 37, 47, 48, 57, 62, 66, 76, 78, 79, 80, 112, 141, 152–7

W
Webcam based interviews 86–8
Work experience 24, 30, 46, 112–3
Work Health Assessments 96–7, 101
Work permits 54, 60, 96,
Working abroad, overseas 29, 84, 152–7