**Skill list: OT Nurse**

**Personal details:**

Family name

First name

Date of birth

E-mail address

Phone number

**MEDICAL TRAINING**

**Diploma**

Including registered nurse diploma (compulsory), and Operating theater (OT) nurse diploma (optional) and any other medical training certificates.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date obtained (precise)** | **Title of diploma** | **Institution** | **City and Country**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**EMPLOYEMENT HISTORY**

Professional experience as an OT nurse (minimal experience required : 4 years)

|  |  |  |  |
| --- | --- | --- | --- |
| **Date (start & finish)** | **Institution / City / Country**  | **Two major surgical specialities**  | **Number if rooms**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Professional nursing experience prior to OT experience (only significant experience)

|  |  |  |  |
| --- | --- | --- | --- |
| **Date (start & finish)** | **Institution / City / Country**  | **Services** | **Number of beds** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Additional experience outside of the health care sector (only significant experience)

|  |  |  |  |
| --- | --- | --- | --- |
| **Date (start & finish)** | **Institution / City / Country**  | **Function** | **Avtivities** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**ABILITIES / APTITUDES REQUIRED**

**Operating theater**

For each skill, please specify how often you practice from 1 to 4 :: 1- Never, 2-Occasionally (<1 fois/mois), 3- Often (1 fois/semaine), 4- Daily

|  |  |  |  |
| --- | --- | --- | --- |
| **Surgical specialities** | **Circulatin nurse**  | **Instrumentist** | **Qualified assistant** |
| Orthopedic surgery |  |  |  |
| Traumatology |  |  |  |
| Visceral surgery  |  |  |  |
| Vascular surgery  |  |  |  |
| Plastic surgery  |  |  |  |
| Obstetric gynecology |  |  |  |

**Others (specify)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surgical specialities** | **Circulatin nurse** | **Instrumentist** | **Qualified assistant** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Sterilisation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Theoretical knowlegde ONLY**  | **Theoretical training and practical experience** | **Operational to go in the field**  | **Expert, able to train others in the field** |
| **Cleaning**  |  |  |  |  |
| **Conditioning** |  |  |  |  |
| **Autoclave process**  |  |  |  |  |

**Management**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Never**  | **Promptly** | **Daily**  |
| **Preoperative planning** |  |  |  |
| **Training / supervision**  |  |  |  |
| **Development of service protocols** |  |  |  |

ON-CALL DUTIES yes / no

**MISCELLANEOUS**

Participation in events (conferences...)

Publications: