**Private Provider Covid-19 Technical Assessor/Expert Application Information**

|  |  |
| --- | --- |
| **Candidate Name** |  |
| **Criteria** | **Essential**  | **Desirable** | **Information - please complete this box detailing how you meet the criteria** |
| Degree |  | X |  |
| Clinical qualification | X |  |  |
| Minimum 5 years post-registration experience | X |  |  |
| Registered with relevant professional organisation, example: Nursing & Midwifery Council (NMC) or Health & Care Professional Council (HCPC) |  | X |  |
| Experience of undertaking throat and nasal swabs | X |  |  |
| Some experience of undertaking or participation in clinical audit  |  | X |  |
| Understanding of application of IC&P | X |  |  |
| Understanding of accreditation process and role of UKAS |  | X |  |
| Ability to plan and organise own workload and work to deadlines | X |  |  |
| Excellent written and verbal communication skills including writing reports. | X |  |  |
| Working knowledge and experience of using remote IT packages, including Zoom and Teams | X |  |  |
| UKAS Use only |  |