**Person Specification**

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| JOB TITLE/BAND:  | Community Mental Health Nurse Band 5 |  |
| **LOCATION:** | **North Perthshire Adult Community Mental Health Team**  |  |
| **HOURS:** | **22.5hrs** |  |

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| **CRITERIA** | **ESSENTIAL** | **DESIRABLE** | **METHOD OF EVALUATION** |
| **EXPERIENCE:** | Experience of working with people who have mental health problems. Application of the mental health nursing process. Working knowledge of mental health nursing assessment.  | Evidence of continuing professional development. Additional training eg psychological therapies. | Application FormStatement of SupportInterview References |
| **QUALIFICATIONS:**(Training; Research; Publications) | Registered Mental Nurse: registered on Sub-Part 1: RN3 or RNMH of the UK NMC Register. |  | Application FormInterview  |
| **KNOWLEDGE & SKILLS:** | Knowledge of current best practice in mental health nursing and the nursing process. Ability to teach skills relating to the mental health nursing process. Knowledge of current legislation and government strategies. Understanding of team dynamics and the ability to build and maintain relationships. Effective written, verbal, and non verbal communication skills. Understanding of professional ethics / standards and the application to practice.Ability to reflect and critically appraise own performance.  | Understanding of care and professional governance and their application. Computer literacy. Presentation and training skills.Ability to analyse professional and ethical issues.Ability to work independently. Awareness of recovery approaches in mental health. Documented evidence of continuing professional development. | Application FormStatement of SupportInterview  |
| **PERSONAL QUALITIES:** | Willingness to work flexibly. Committed to person centred non discriminatory practice. Ability to cope with and manage change. |   | Application FormStatement of SupportInterview  |
| **OTHER:**(eg travel across Tayside) | Ability to travel throughout the locality. Good understanding of health, safety and risk. |  | Application FormStatement of Support |