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| **FACULTY OF MEDICINE & HEALTH SCIENCES** |
| **SCHOOL OF NURSING** |
| **INTERVIEW SHEET** |

Name : Gender: M / F

Age : Race: Height /Weight: cm / kg

IC/Passport No. :

Address :

:

Contact No. :

Type of Funding (Please circle): Self / Sponsorship / PTPTN SPM Result – Year :

|  |  |  |
| --- | --- | --- |
| **NO** | **SUBJECT** | **GRADE** |
| 1 | Bahasa Malaysia |  |
| 2 | English |  |
| 3 | Mathematic |  |
| 4 | Science subject: |  |
| 5 | Others: |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |

Date of Interview:

Interviewed by:

Name: Signature:

Name: Signature:

|  |  |  |
| --- | --- | --- |
| **NO** | **GENERAL** | **REMARKS** |
| 1 | Is there any of your family member who is in the healthcare profession? |  |
| 2 | How many members in your family? |  |
| 3 | Are your parents working? |  |
| 4 | Are you willing to go outstation / transfer? |  |
| 5 | Is nursing your first choice? |  |
| 6 | Personal profile |  |
| - Personal appearance |
| - Voice quality |
| - Personal manner |
| - Expression of ideas |
| - Confidence |
| - Motivation and ambition |
| - Work experience |
| - Education |
| **NO** | **ATTITUDE** | **REMARKS** |
| 1 | Why did you choose nursing? |  |
| 2 | How do you come to know about nursing? |  |
| 3 | Have you applied to any other colleges? |  |
| 4 | How do you study? Alone or in groups? |  |
| 5 | Are you afraid of blood? |  |
| 6 | What is your expectation about nursing? |  |
| 7 | Are you willing to |  |
| - work shifts, PH, on-calls, overtime, |
| - commit to being on time –every time, |
| - adjust work schedule on short notices |

|  |  |  |
| --- | --- | --- |
| 8 | Are you willing to |  |
| - Work directly with patients’ families / relatives |
| - Handle demanding / rude people |
| - Work with patients who have contagious diseases |
| - Work with emotionally upset patients/families |
| - Work with terminally ill patients |
| **NO** | **KNOWLEDGE** | **REMARKS** |
| 1 | What do you know about nursing? |  |
| 2 | Any working experience? |  |
| 3 | What is the current health issues related to our health? |  |
|  |  | **REMARKS** |
|  | **Which language are you proficient in?** |  |
| **Please specify. (BM, English, Mandarin etc.)** |
| 1 | Written |  |
| 2 | Verbal |  |
|  |  |  |
|  | **Calculation Score** | **/10** |

**Comment(s)**

**ACCEPT / KIV / REJECT**