**PDRP Application Letter**

**Please complete all sections 1-11** *(please print clearly)*

1. APC Name: ………………………….......................... APC Number:........................... Expiry Date: / /
2. Name as you would like it to appear on your certificate*:****\**** …………………………………………………………
3. Department and Directorate or Workplace: ………............................................................................................
4. Postal address (non HS employees)…………………………………………………………………….………….
5. Email address: ………........................................................................................................................................
6. Manager: …………………………………………………………………………………….…………………………..

**Check the appropriate box for the following:**

1. **Area of work**: HS (Te Whatu Ora, Health NZ Employee) [ ]  Primary [ ]  ARC [ ]

 Other [ ] Please specify ……………………

1. **Registration**: Enrolled Nurse [ ]  Registered Nurse [ ]
2. **I am applying for**: Competent [ ]  Proficient [ ]  Accomplished [ ]  Expert [ ]  Designated Senior Nurse [ ]
3. **This portfolio is for**: Progression (to a new level) [ ]  Maintenance (of an existing level) [ ]
4. **Ethnicity:** NZ European [ ]  NZ Maori [ ]  Pacific [ ]  Other [ ]  Please specify………………

Evidence within a PDRP portfolio includes the requirements of the Nursing Council of New Zealand (NCNZ) Continuing Competency Framework (CCF). Compliance with this by individual nurses is mandatory under the HPCA Act (2003). As such, it is imperative that evidence in portfolios meets these requirements.

**Please initial against each statement A-H below then sign application letter:**

|  |  |
| --- | --- |
| **I declare that:** | **Initial:** |
|  | The evidence in this portfolio meets the NCNZ CCF evidential requirements1. Completion of 60 days or 450 hours of practice in the last three years
2. Completion of 60 hours of professional development in the last three years
3. Meets NCNZ competencies for the appropriate scope of practice (self and peer assessment against each performance indicators of the PDRP)
 |  |
|  | I am not currently on a performance improvement plan (PIP) or similar, or under competence review (or any other review) by NCNZ or other regulatory body and that in the event of this occurring, will notify the PDRP Coordinator immediately. |  |
|  | The documents in this portfolio are my own work or are appropriately referenced. |  |
|  | The evidence in this portfolio is an honest account of my consistent practice at the level being applied for. |  |
|  | The evidence provided (with the exception of the practice hours and PD record) is from my current area of practice and is less than 12 months old. |  |
|  | I understand this material remains confidential to the assessor(s) unless covered under section 34.1 of the Health Practitioners Competence Assurance act 2003 |  |
|  | I have not included information that identifies patients, families/whanau or my colleagues. I understand that any concerns with privacy breaches will require the portfolio assessor to return the portfolio to me for immediate removal of the privacy breach. |  |
|  | I agree that my portfolio may be used in the moderation process, internal, external or as directed by the Nursing Council and will be made available within 2 weeks if required for moderation |  |

1. **Signature:** ……............................................................................................ **Date:** / /

**\*(Please note, certificates are not issued for progression to competent level by nurses employed in the HHS)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Competent** | **Tick** | **Proficient** | **Tick**  | **Expert [RN] / Accomplished [EN]**  | **Tick**  |
| **1** | **Application Letter** (signed) |  | **Application Letter** (signed) |  | **Application Letter** (signed) |  |
| **2** | **Copy of APC** (Printout from NCNZ website) |  | **Copy of APC** (Printout from NCNZ website) |  | **Copy of APC** (Printout from NCNZ website) |  |
| **3** | **Position Description – ONE page only** |  | **Position Description – ONE page only** |  | **Position Description – ONE page only** |  |
| **4** | **Full Self & Peer Assessment**-All peer reviews must be signed |  | **Full Self & Peer Assessment**-All peer reviews must be signed |  | **Full Self & Peer Assessment**-All peer reviews must be signed |  |
| **4a** | **Not required** |  | **Education Session Plan / Evaluation*** Education Session Plan completed and resources included (e.g. hand out, slides)
* Reference list provided
* Evidence of at least one education session delivered to a minimum of 4 people and up to 30min long
 |  | **Education Session Plan / Evaluation*** Education Session Plan completed, and resources included (e.g. hand out, slides)
* Reference list provided
* Evidence of at least one education session delivered to a minimum of 4 people and at least 30min long

OPTIONAL for DSN in Leadership & Management, Research and Policy portfolios |  |
| **4b** | **Not required** |  | **Evaluations - Education Session completed by ENs/RNs** |  | **Evaluations - Education Session completed by ENs//RNs** |  |
| **5** | **Evidence of Practice Hours*** A minimum of 450 hours in the last 3 years
* Validated by CN/NM, Trendcare or Payroll
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* Validated by CN/NM, Trendcare or Payroll
 |  |
| **6** | **Professional Development & Career Plan****Nursing Performance Appraisal / Review Form (NPA&DP)** |  | **Professional Development & Career Plan****Nursing Performance Appraisal / Review Form – (NPA&DP)** |  | **Professional Development & Career Plan****Nursing Performance Appraisal / Review Form – (NPA&DP)** |  |
| **7** | **Professional Development Record****Professional Development Hours*** + A minimum of 60 hours in last years
	+ Verified by a senior nurse
* **Reflection of 3 education sessions**
	+ Attended within the last 3 years
	+ Refer to Reflective Writing Rubric (PDRP webpage)
* **Core Competencies current**
	+ Essential Skills Checklist completed
	+ Evidence of the plan made for completion (if applicable)
	+ Validated by NE/CN/ACN
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	+ Essential Skills Checklist completed
	+ Evidence of the plan made for completion (if applicable)
	+ Validated by NE/CN/ACN
 |  |
| **8** | **C.V. (optional)** |  | **C.V.** |  | **C.V.** |  |