Competent RN (NETP) Portfolio

Please replace the details below with your Name, Workplace and Month/Year of submission.

NAME

Workplace

Month Year

Competent RN (NETP) Portfolio Contents

1. Application Letter - signed
2. Copy of entry on online NCNZ register showing **current** APC
3. Current Performance Appraisal – eg. Mo Tatou - (within the last 12 months) – **signed**
4. Self Assessment – Competent level against the NCNZ competencies – **signed**
5. Senior Nurse assessment – Competent level against the NCNZ competencies - **signed**
6. Professional Development Plan **OR** Career plan - **signed**
7. Manager Support Letter – completed supporting competent - **signed**
8. Evidence of NETP practice hours as per NETP Programme – **validated & signed by manager**
9. Evidence of 60 Professional Development Hours over past three years including evidence of Code of Conduct training since 2012 - validated & **signed** by manager
10. Reflections on three Professional Development activities

Additional requirements:

1. **Curriculum Vitae:** Include NETP year, current referees
2. HLTH 550 Entry to Professional Nursing Practice Paper – final academic transcripts (available November)
3. Records of Preceptor/Preceptee meetings (16 hours) – All records of meetings must be **dated and signed**.

**Application Letter**

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| **Please complete all sections below**  (please note, with the exception of Graduate Nurses, certificates are issued to Proficient, Expert and Accomplished level only) | | | | | | | | |
| **Name:**  ***as you want it to appear on your certificate (please print clearly in this box):*** | | | | | | | | |
| **APC Number** | | |  | | **Expiry Date:** | | |  |
| **Workplace:** | | |  | | | | | |
| **Manager Name:** | | |  | | **Managers**  **Title:** | |  | |
| **This portfolio is for** *(please circle or delete):*  **Enrolled Nurse** **Registered Nurse** | | | | | | | | |
| **This portfolio is for** *(please circle or delete):* **Competent**  **Proficient Expert**  **Accomplished** **DSN** | | | | | | | | |
| **Declaration *(Please tick all applicable)*** | | | | | | | | |
|  | I declare that the documents in this portfolio are my own work and if taken from papers, journals or books, are appropriately referenced | | | | | | | |
|  | I declare that where I have submitted joint work, I have fairly and accurately described my personal contribution | | | | | | | |
|  | I declare that the enclosed work (related to practice situations) has occurred in the previous three years and relates to the current competencies of my scope of practice | | | | | | | |
|  | I am prepared to provide authentication data confidentially to the moderator or assessment panel of required | | | | | | | |
|  | I understand this material remains confidential to the assessor(s) unless covered under the Health Practitioners Competence Assurance Act 2003 | | | | | | | |
|  | I am aware that my portfolio may be subject for use in the moderation process, internal, external or as directed by the New Zealand Nursing Council and I will make my portfolio available within 2 weeks if required for moderation | | | | | | | |
|  | I understand than none of my work will be used for any other purpose unless it has my specific consent | | | | | | | |
|  | I declare that this portfolio represents a consistent demonstration of my practice | | | | | | | |
| **Signature:** | |  | | **Date:** | |  | | |

Please remove this page and insert a print out of your Nursing Council of New Zealand registrations entry from:

[www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz)

Click the link above to visit the NCNZ website, enter your APC number into the *Search the Register* box, click on your name and print the page.

Please remove this page and insert a signed copy of your

Annual Performance Appraisal,

for example:

* Wairarapa DHB’s Mo Tatou Performance Review
* Your organisations performance review document

This must be less than 12 months old at the time of submission

**Self and Senior Nurse Assessment of NCNZ Competencies for Competent Registered Nurse**

For use when applying for progression on the Competent Registered Nurse PDRP Level **or** when completing the three yearly performance reviews for maintenance of Competent Registered Nurse PDRP level and to meet NCNZ Continuing Competency Requirements

**Self and Senior Nurse Assessment Process:**

1. Applicant must complete the self-assessment prior to senior nurse assessment
2. Self-assessment must reflect the national PDRP framework for competent level of Competence (see your DHB’s PDRP Handbook for details)
3. Individual examples of practice must be verified by a Registered Nurse or the competency assessor
4. Examples of practice must be within the previous **12 months**
5. The Competency Assessor must:
   * Have a current APC
   * Hold a senior nurse title (e.g CNM, ACNM, CNE) or the Manager can delegate to a senior RN who is a proficient or expert nurse on the PDRP Pathway or in the case of primary care a delegated senior nurse
   * Have at least 3 years of clinical experience in the clinical area
   * Be familiar with the practice of the nurse completing the portfolio
   * Completed workplace assessor training or similar

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| **Details of Applicant** |
| Name: |
| APC number: |
| APC Expiry: |
| Workplace: |
| PDRP Level: |
| Role: |  |
|  | |
| **Details of Senior Nurse Assessor** | **Details of Senior Nurse Assessor** |
| Name: | Name: |
| APC number: | APC number: |
| APC Expiry: | APC Expiry: |
| Workplace: | Workplace: |
| PDRP Level: : | PDRP Level: : |
| Role: | Role: |

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| **NCNZ Competency and Competent Performance Indicator**  **DOMAIN 1: Professional Responsibility** | | | |
| * 1. **Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements.**   **Indicator**  e.g. describe how you practice within professional and legislated requirements that impact on your practice. | **Self-Assessment –** you must include a practice example of how you meet this competency | | |
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| **Senior Nurse Assessment -** you MUST include a practice example of how nurse meets competency | | |
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| Competency Met | Competency Not Met | Name of Senior Nurse Assessor: | Verifying RN if different from Senior Nurse Assessor: |

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| **NCNZ Competency and Competent Performance Indicator**  **DOMAIN 1: Professional Responsibility** | | | |
| * 1. **Demonstrates the ability to apply the principles of**   **the Treaty of Waitangi/Te Tiriti o Waitangi to nursing**  **practice**  **Indicator**  e.g. using an example from practice, describe how you apply the principles of the Treaty to your nursing practice. | **Self-Assessment –** you must include a practice example of how you meet this competency | | |
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| **Senior Nurse Assessment -** you MUST include a practice example of how nurse meets competency | | |
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| Competency Met | Competency Not Met | Name of Senior Nurse Assessor: | Verifying RN if different from Senior Nurse Assessor: |

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| **NCNZ Competency and Competent Performance Indicator**  **DOMAIN 1: Professional Responsibility** | | | |
| * 1. **Demonstrates accountability for directing, monitoring and evaluating nursing care that is provided by Registered Nurses, Enrolled nurses and others.**   e.g. describe a time when you sought advice from a senior nurse about the decision making process for delegation by an RN. | **Self-Assessment –** you must include a practice example of how you meet this competency | | |
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| **Senior Nurse Assessment -** you MUST include a practice example of how nurse meets competency | | |
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| Competency Met | Competency Not Met | Name of Senior Nurse Assessor: | Verifying RN if different from Senior Nurse Assessor: |

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| **NCNZ Competency and Competent Performance Indicator**  **DOMAIN 1: Professional Responsibility** | | | |
| * 1. **Promotes an environment that enables patient/client safety, independence, quality of life, and health.**   e.g. using an example from practice describe an environmental safety risk issue in your area of practice and what you did to manage it. | **Self-Assessment –** you must include a practice example of how you meet this competency | | |
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| **Senior Nurse Assessment -** you MUST include a practice example of how nurse meets competency | | |
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| Competency Met | Competency Not Met | Name of Senior Nurse Assessor: | Verifying RN if different from Senior Nurse Assessor: |

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| **NCNZ Competency and Competent Performance Indicator**  **DOMAIN 1: Professional Responsibility** | | | |
| * 1. **Practices nursing in a manner that the patient/client determines as being culturally safe.**   e.g. using an example from practice, describe how cultural difference can impact on nursing care delivery and how you avoid imposing prejudice on others. | **Self-Assessment –** you must include a practice example of how you meet this competency | | |
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| **Senior Nurse Assessment -** you MUST include a practice example of how nurse meets competency | | |
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| **NCNZ Competency and Competent Performance Indicator**  **DOMAIN 2: Management of Nursing Care** | | | |
| **2.1 Provides planned nursing care to achieve identified outcomes.**  e.g. using an example from practice, discuss 3 priorities of patient/client care during a shift and the time management strategy required  OR  Give examples of the use of evidence in planning your care. | **Self-Assessment –** you must include a practice example of how you meet this competency | | |
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| **Senior Nurse Assessment -** you MUST include a practice example of how nurse meets competency | | |
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| **NCNZ Competency and Competent Performance Indicator**  **DOMAIN 2: Management of Nursing Care** | | | |
| **2.2 Undertakes a comprehensive and accurate nursing assessment of clients in a variety of settings.**  e.g. using an example from practice, describe how you undertake a nursing assessment using a specific assessment tool relevant to your area of practice. | **Self-Assessment –** you must include a practice example of how you meet this competency | | |
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| **Senior Nurse Assessment -** you MUST include a practice example of how nurse meets competency | | |
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| **NCNZ Competency and Competent Performance Indicator**  **DOMAIN 2: Management of Nursing Care** | | | |
| **2.3 Ensures documentation is accurate and maintains confidentiality of information.**  e.g. using an example from practice describe how you ensure your documentation meets legal requirements and maintains patient/client confidentiality. | **Self-Assessment –** you must include a practice example of how you meet this competency | | |
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| **Senior Nurse Assessment -** you MUST include a practice example of how nurse meets competency | | |
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| **NCNZ Competency and Competent Performance Indicator**  **DOMAIN 2: Management of Nursing Care** | | | |
| **2.4 Ensures the client has adequate explanation of the effects, consequences and alternatives of proposed treatment options**.  e.g. using an example from practice describe how you apply the HVDHB informed consent policy to ensure the patient/client has adequate explanation of the effects/consequences and alternatives of proposed treatment options. | **Self-Assessment –** you must include a practice example of how you meet this competency | | |
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| **Senior Nurse Assessment -** you MUST include a practice example of how nurse meets competency | | |
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| Competency Met | Competency Not Met | Name of Senior Nurse Assessor: | Verifying RN if different from Senior Nurse Assessor: |

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| **NCNZ Competency and Competent Performance Indicator**  **DOMAIN 2: Management of Nursing Care** | | | |
| **2.5 Acts appropriately to protect oneself and others when faced with unexpected client responses, confrontation, personal threat or other crisis situations.**  e.g. using and example from practice, describe your management of an unexpected clinical situation. | **Self-Assessment –** you must include a practice example of how you meet this competency | | |
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| **Senior Nurse Assessment -** you MUST include a practice example of how nurse meets competency | | |
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| **NCNZ Competency and Competent Performance Indicator**  **DOMAIN 2: Management of Nursing Care** | | | |
| **2.6 Evaluates client’s progress towards expected outcomes in partnership with clients.**  e.g. using and example from practice, describe how you evaluate progress in partnership with your patients/clients and your senior colleagues. | **Self-Assessment –** you must include a practice example of how you meet this competency | | |
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| **Senior Nurse Assessment -** you MUST include a practice example of how nurse meets competency | | |
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| **NCNZ Competency and Competent Performance Indicator**  **DOMAIN 2: Management of Nursing Care** | | | |
| **2.7 Provides health education appropriate to the needs of the client within a nursing framework.**  e.g. Using and example from practice, describe an example of education you gave to a patient/client and how you evaluated it’s appropriateness. | **Self-Assessment –** you must include a practice example of how you meet this competency | | |
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| **Senior Nurse Assessment -** you MUST include a practice example of how nurse meets competency | | |
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| Competency Met | Competency Not Met | Name of Senior Nurse Assessor: | Verifying RN if different from Senior Nurse Assessor: |

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| **NCNZ Competency and Competent Performance Indicator**  **DOMAIN 2: Management of Nursing care** | | | |
| **2.8 Reflects upon, and evaluates with colleagues and experienced nurses, the effectiveness of nursing care.**  e.g. describe how reflection affects the effectiveness of your nursing care. | **Self-Assessment –** you must include a practice example of how you meet this competency | | |
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| **Senior Nurse Assessment -** you MUST include a practice example of how nurse meets competency | | |
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| **NCNZ Competency and Competent Performance Indicator**  **DOMAIN 2: Management of Nursing care** | | | |
| **2.9 Maintains professional development.**  e.g. ensure Professional Development Record meets NCNZ requirements.  Organisational Core Competencies must also be current. | **Self-Assessment –** you must include a practice example of how you meet this competency | | |
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| **Senior Nurse Assessment -** you MUST include a practice example of how nurse meets competency | | |
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| **NCNZ Competency and Competent Performance Indicator**  **DOMAIN 3: Interpersonal Communication** | | | |
| * 1. **Establishes, maintains and concludes therapeutic interpersonal relationships with patients/clients**   e.g. using an example from practice, describe how you establish a therapeutic relationship while maintaining professional boundaries with patients/clients. | **Self-Assessment –** you must include a practice example of how you meet this competency | | |
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| **Senior Nurse Assessment -** you MUST include a practice example of how nurse meets competency | | |
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| Competency Met | Competency Not Met | Name of Senior Nurse Assessor: | Verifying RN if different from Senior Nurse Assessor: |

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| **NCNZ Competency and Competent Performance Indicator**  **DOMAIN 3: Interpersonal Communication** | | | |
| * 1. **Practices in negotiated partnership with the patient/client where and when possible.**   e.g. using an example from practice, describe how you increased a patient/client’s independence or family/Whanau participation in their care. | **Self-Assessment –** you must include a practice example of how you meet this competency | | |
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| **Senior Nurse Assessment -** you MUST include a practice example of how nurse meets competency | | |
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| **NCNZ Competency and Competent Performance Indicator**  **DOMAIN 3: Interpersonal Communication** | | | |
| * 1. **Communicates effectively with the patient/client’s and members of the health care team.**   e.g. using and example from practice, describe how you use different communication styles, in what context, and how you know they are appropriate and effective. | **Self-Assessment –** you must include a practice example of how you meet this competency | | |
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| **Senior Nurse Assessment -** you MUST include a practice example of how nurse meets competency | | |
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| **NCNZ Competency and Competent Performance Indicator**  **DOMAIN 4: Interprofessional Health care & Quality Improvement** | | | |
| **4.1 Collaborates and participates with colleagues and members of the Health Care Team to facilitate and coordinate care.**  e.g. using an example from practice, describe how you collaborate with senior nurses and the health care team to facilitate and coordinate care. | **Self-Assessment –** you must include a practice example of how you meet this competency | | |
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| **Senior Nurse Assessment -** you MUST include a practice example of how nurse meets competency | | |
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| **NCNZ Competency and Competent Performance Indicator**  **DOMAIN 4: Interprofessional Health care & Quality Improvement** | | | |
| **4.2 Recognises and values the roles and skills of all members of the Health Care Team in the delivery of care**.  e.g. give an example of how and why you referred your patient to a member of the health care team. | **Self-Assessment –** you must include a practice example of how you meet this competency | | |
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| **Senior Nurse Assessment -** you MUST include a practice example of how nurse meets competency | | |
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| **NCNZ Competency and Competent Performance Indicator**  **DOMAIN 4: Interprofessional Health care & Quality Improvement** | | | |
| **4.3 Participates in quality improvement activities to monitor and improve standards of nursing.**  e.g. explain why participation in quality improvement processes is important and give an example of one that you have participated in. | **Self-Assessment –** you must include a practice example of how you meet this competency | | |
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| **Senior Nurse Assessment -** you MUST include a practice example of how nurse meets competency | | |
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| Competency Met | Competency Not Met | Name of Senior Nurse Assessor: | Verifying RN if different from Senior Nurse Assessor: |

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| **NCNZ Self & Senior Nurse Assessment - Validation of Competence**  **This section MUST be completed for the assessment to be valid and must be completed BEFORE the portfolio is assessed.** | | |
| **Senior Nurse Assessor’s Comments:** | | |
| Name: | Signature: | Date: |
| **Nurse (being assessed) comments:** | | |
| Name: | Signature: | Date: |
| **Line manager comments if not senior nurse assessor above:** | | |
| Name: | Signature: | Date: |
| **Manager with responsibility for budget to endorse progression to, or maintenance or RN Senior level:**  **Yes:  No:** | | |
| **Name:** | **Signature:** | **Date:** |
| **Line manager must update One-staff with date of performance review of the nurse will be removed from the PDRP**  **One-staff updated by: Date:** | | |

**Manager Support Letter**

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| **Applicants name:** | | | |  | | | | | | |
| **Applicant last Appraisal date:** | | | |  | | | | | | |
| **Manager name:** | | | |  | | | | | **Manager’s Title:** |  |
| *Tick as appropriate* | | | | | | | | | | |
|  | I have no concerns about this nurse applicant’s performance, practice, manner, attitude or teamwork | | | | | | | | | |
|  | This applicant has **not** been under review for poor performance or conduct in the past 12 months | | | | | | | | | |
|  | This applicant’s most recent appraisal accurately reflects her/his nursing ability | | | | | | | | | |
|  | This applicant consistently practices by demonstrating appropriate standards of knowledge, documentation, motivation, collaboration, and effective teamwork | | | | | | | | | |
|  | **I have been consulted on and have approved the applicant’s quality initiative, practice change, contribution to specialty knowledge or innovation in practice. This meets Wairarapa DHB and/or Hutt Valley DHB requirements where necessary.** | | | | | | | | | |
|  | This applicant demonstrates a commitment to improving her/his practice and being involved in professional development and practice initiative activities | | | | | | | | | |
|  | I have read the applicant’s portfolio and agree that it is a true reflection of their performance | | | | | | | | | |
|  | I support the applicant for progression or maintenance on the PDRP pathway at: *please tick* | | | | | | | | | |
|  |  | | Competent Level | |  | | Proficient Level | | | |
|  |  | | RN Expert Level | |  | | RN Senior | | | |
|  | I do not support this applicant for progression on the PDRP pathway | | | | | | | | | |
| Reason/comments: | | | | | | | | | | |
| Signed: | |  | | | | Date: | |  | | |

Please remove this page and use **EITHER** the following professional development plan **OR** career plan

If you have already completed a career plan this year please use this instead.

**Professional Development Plan**

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| Name: |  |  | | Workplace: |  | | |
| Date: | |  | APC No.: |  | | Signature: |  |
| **Goal** | | **Links** (what professional, service or DHB imperative does the goal address) | **Activities** (steps/actions required to achieve goal) | **Resources Needed**  (including personnel, access, time, financial) | | **Expected Outcome** (impact on professional growth, service delivery or consumer) | |
| **E.g.**  (please delete this line before printing) | | Improve services to inpatients with mental health issues | Mental Health Study Day  Work with mental health nurse | Access to the Mental Health Study day. Time to work with a mental health nurse. | | Improve care I give patients with mental health issues within the ward and to support junior colleagues to develop better skills in assessment and management of patient’s mental health status. | |
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| **ROFESSIONAL DEVELOPMENT & CAREER PLAN**  **NURSING** | | | | | | | | |
| Career planning is a continuous process of self-assessment and goal setting. This plan incorporates your career and professional development aspirations and aligns these with organisational goals as reflected in your role description. The Directors of Nursing manage HWNZ funding for nurses. A requirement for accessing this funding is to attain the appropriate level of the Nursing Professional Development and Recognition Programme (PDRP) and have an agreed Professional Development and Career Plan (PDCP). Professional development activities require a feedback loop (report on outcomes) as part of the follow-up for activities supported by the organisation. This link provides further information on the career planning process. <http://www.healthworkforce.govt.nz/health-careers/career-planning>. Before starting your career plan, it’s important to work through the career planning process, so that your plan is realistic and achievable for you, taking into account your self assessment (Know Yourself) and your career research (Explore Possibilities). Consider what knowledge and skills you need to fulfil the role description (i.e. clinical competences and professional behaviours) and meet objectives and develop in your career. | | | | | | | |  |
| **Career Plan for:** | |  | | | | **Date:** |  | |
|  | | **Career &/or Professional Development Goals** | **Action Plan to Achieve Goals** | | | | **Timeframe for achievement** | |
| **Short Term**  **(within 1 year)** | |  |  | | | |  | |
| **Longer Term**  **(up to 5 years)** | |  |  | | | |  | |
| **I have discussed my professional development and career aspirations with my line manager who is in agreement.** | | | | **The plan meets the needs of the service and fits with the strategic direction of workforce development within the organisation. I have discussed this plan and agree to support the achievement of these goals.** | | | | |
| **Staff Member Sign Off:** | | | | **Line Manager Sign Off:** | | | | |
| **Name:** |  | | | **Name:** |  | | | |
| **Title:** |  | | | **Title:** |  | | | |
| **Signature:** |  | | | **Signature:** |  | | | |
| **Date:** |  | | | **Date:** |  | | | |

Please remove this page and insert validated verification of NETP practice hours as per NETP Programme.

The following can be used:

* TrendCare printout – signed by senior nurse/manager
* Printout / Letter from HR/Payroll
* Signed letter from CNM/Manager detailing the total hours you have worked in the past 3 years

Please remove this page and insert validated verification

of 60 Professional Development hours in the past 3 years.

This must include evidence of Code of Conduct training

since 2012 (as per NCNZ requirements)

The following can be used:

* Trendcare print out signed by senior nurse/manager
* HR/Payroll printout
* Printout from your organisation signed by your manager
* Professional Development List signed by your manager

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| Name: |  | | | Designation: | |  | | |
| Date: |  | | | Workplace: | |  | | |
|  | | | | | | | | |
| **Date of Training** | | **Hours** | **Activity** (Name of course/education session) | | | | | **Hosted by** (place course held) |
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| **Total hours** | | | | | | | | |
| **Verification by manager:** | | | | | **Date**: | | **Signature**: | |

**Professional Development List**

**Professional Development Reflections**

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| Name: |  | | | Date: |  |
| **Date of Training** | **Hours** | **Activity** (Name of course/education session) | **Reflection** (Explain what you learnt from this activity – how it affirmed or influenced your practice) | | |
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Please write 3 short reflections of 3 separate professional development activities you have attended within the last 3 years.