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| **Name of Applicant:** | | | | | **APC Number:** | **Date:** | |
| **Evidence** | | **Standard Requirements** | | | | | |
| Yes | No | Application letter | | | | | |
| Yes | No | Curriculum Vitae | | | | | |
| Yes | No | Copy of entry on NCNZ register showing current APC | | | | | |
| Yes | No | Current Performance Appraisal (less than 12mths old) | | | | | |
| Yes | No | Professional Development (PD) Plan | | | | | |
| Yes | No | Self-assessment complete and assessed on reverse of this form | | | | | |
| Yes | No | Senior Nurse assessment complete and assessed on reverse of this form | | | | | |
| Yes | No | Manager Support Letter – **supports Competent EN** | | | | | |
| Yes | No | Evidence of 450 practice hours in last 3yrs | | | | | |
| Yes | No | Evidence of 60 PD hours in last 3yrs. | | | | | |
| Yes | No | Reflection on 3 PD activities | | | | | |
| Yes | No | Code of Conduct training in between June 2012 and June 2015. | | | | | |
| **Additional comments/reasons:** | | | | | | | |
| **The portfolio meets NCNZ Standard requirements at Competent EN level: Yes No** | | | | | | | |
|  | | | | | | | |
| Assessor Name | | |  | Signature | | | Date |
| Assessor Name | | |  | Signature | | | Date |
| Assessor Name | | |  | Signature | | | Date |

**Portfolio Assessment Tool – Competent EN**

**Please comment on whether the Self & Competence assessment for EACH competency provides specific examples & comments on skill, knowledge, behaviour, attitude & values expected of a Competent level EN.**

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| **Applicant Name & APC: Date:** | | |
| **Evidence** | **NCNZ Enrolled Nurse Domain One:** | **COMMENT** |
| Yes No | 1.1 Accepts responsibility for ensuring that nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements |  |
| Yes No | 1.2 Demonstrates the ability to apply the principles of the Treaty of Waitangi to nursing practice |
| Yes No | 1.3 Demonstrates understanding of the EN scope of practice & the RN responsibility & accountability for direction and delegation of nursing care |
| Yes No | 1.4 Promotes an environment that enables health consumer safety, independence, quality of life and health |
| Yes No | 1.5 Participates in ongoing professional and educational development |
| Yes No | 1.6 Practises nursing in a manner that the health consumer determines as being culturally safe |

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| **Evidence** | **NCNZ Enrolled Nurse Domain Two:** | **COMMENT** |
| Yes No | 2.1 Provides planned nursing care to achieve identified outcomes |  |
| Yes No | 2.2 Contributes to nursing assessments by collecting & reporting information to the RN |
| Yes No | 2.3 Recognises & reports changes in health & functional status to the RN or directing health professional |
| Yes No | 2.4 Contributes to the evaluation of health consumer care |
| Yes No | 2.5 Ensures documentation is accurate and maintains confidentiality of information |
| Yes No | 2.6 Contributes to the health education of health consumers to maintain and promote health |

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| **Evidence** | **NCNZ Enrolled Nurse Domain Three:** | **COMMENT** |
| Yes No | 3.1 Establishes maintains & concludes therapeutic interpersonal relationships |  |
| Yes No | 3.2 Communicates effectively as part of the health care team |
| Yes No | 3.3 Uses a partnership approach to enhance health outcomes for health consumers |

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| **Evidence** | **NCNZ Enrolled Nurse Domain Four:** | **COMMENT** |
| Yes No | 4.1 Collaborates and participates with colleagues and members of the health care team to deliver care |  |
| Yes No | 4.2 Recognises the differences in accountability and responsibility of registered nurses, enrolled nurses and healthcare assistants. |
| Yes No | 4.3 Demonstrates accountability and responsibility within the health care team when assisting or working under the direction of a registered health practitioner who is not a nurse |