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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** |
| 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 RN level: Yes No**  |
|  |
| Assessor Name |  | Signature | Date |
| Assessor Name |  | Signature | Date |
| Assessor Name |  | Signature | Date |

**Portfolio Assessment Tool – Competent RN**

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

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| **Applicant Name & APC: Date:** |
| **Evidence** | **NCNZ Registered Nurse Domain One:** | **COMMENT**  |
| Yes No | 1.1 Meets professional, ethical or legislated requirements |  |
| Yes No | 1.2 Applies the principles of Treaty to nursing practice |
| Yes No | 1.3 Demonstrates accountability for direction and delegation |
| Yes No | 1.4 Promotes client safety |
| Yes No | 1.5 Practices in a culturally safe manner  |

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| **Evidence** | **NCNZ Registered Nurse Domain Two:**  | **COMMENT**  |
| Yes No | 2.1 Provides planned nursing care |  |
| Yes No | 2.2 Undertakes a comprehensive & accurate nursing assessment of clients in a variety of settings |
| Yes No | 2.3 Ensures documentation is accurate and maintains confidentiality of information. |
| Yes No | 2.4 Ensures the client has adequate explanation of effect, consequences and alternatives of proposed treatment. |
| Yes No | 2.5 Acts appropriately to protect oneself & others when faced with unexpected client responses. |
| Yes No | 2.6 Evaluates client’s progress towards expected outcomes in partnership with the clients. |
| Yes No | 2.7 Provides health education appropriate to the needs of the client within a nursing framework. |
| Yes No | 2.8 Reflects upon & evaluates with peers & experienced nurses, effectiveness of nursing care. |
| Yes No | 2.9 Maintains professional development |

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| **Evidence** | **NCNZ Registered Nurse Domain Three:**  | **COMMENT**  |
| Yes No | 3.1 Establishes maintains & concludes therapeutic interpersonal relationships with clients |  |
| Yes No | 3.2 Practices nursing in a negotiated partnership with the client where and when possible. |
| Yes No | 3.3 Communicates effectively with clients and members of the healthcare team. |

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| **Evidence** | **NCNZ Registered Nurse Domain Four:**  | **COMMENT**  |
| Yes No | 4.1 Collaborates & participates with colleagues and members of the health care team to facilitate and coordinate care |  |
| Yes No | 4.2 Recognises & values roles and skills of all members of the health care team in the delivery of care |
| Yes No | 4.3 Participates in quality improvement activities to monitor and improve standards of nursing |