**Portfolio Assessment Tool – Senior Nurse – Leadership & Management**

**NB. EXAMPLES MUST BE REFERENCED THROUGHOUT TO DEMONSTRATE PRACTICE IS EVIDENCE-BASED**

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| **EVIDENCE REQUIRED**  *Present Evidence in your Portfolio in the ORDER BELOW. Place this Assessment Tool in the VERY FRONT of your folder. Include ONLY CURRENT DOCUMENTS and ONLY the DOCUMENTS LISTED ON THIS ASSESSMENT TOOL in your folder. Use a SMALL folder.* | | **MET** | | **COMMENTS** |
| **Yes** | **No** |
| 1. | **Application Letter** – Signed |  |  |  |
| 2. | **Role Description** – One Page ONLY |  |  |  |
| 3. | **Copy of APC** – FRONT & BACK (Printout from NCNZ Website) |  |  |  |
| 4. | **Senior Nurse Full NCNZ Self-Assessment** – LESS than 12 months old and includes Comment of Endorsement for Level of Practice and Consistency by Nurse Manager |  |  |  |
| 4a | **Include Evidence of: (NENZ, 2017)**   * Leadership in practice innovation * Active participation in wider service * Participation influencing quality of nursing practice, service delivery and patient outcomes (4.1 & 4.3) * Education of others |  |  |  |
| 6.  6a | **Evidence of Practice Hours** – 450 Hours or more in last 3 Years  – Verified by Nurse, Manager, Payroll or TrendCare |  |  |  |
| 7. | **Senior or Expert Nurse Performance Appraisal Review** – LESS than 12 months old. Signed and verified. |  |  | Date completed: |
| 7a | **Professional Development & Career Plan** |  |  | Date completed: |
| 8. | **Professional Development Record**   * Verified by Nurse Manager or other Senior Nurse * PD Hours – 60 Hours or more in the last 3 Years * 3 Reflections – PD Activities * CORE Competencies – Current or Plan for Completion |  |  |  |
| 9. | **Curriculum Vitae (CV)** - Included |  |  |  |
| **Portfolio meets NCNZ Competency and JD Performance Review Requirements for Senior Nurse.** | |  |  |  |
| **Additional Comments:** | | | | |
| **Reason if NOT Met:**  **Name of Portfolio Assessor: Signature: Date:**  **NCNZ Registration Number: Level of Assessor’s PDRP:** | | | | |
| **PDRP Coordinator Signature Date:**  **NCNZ Registration:**  Portfolio meets NCNZ Competency requirements and JD performance review requirements **Yes** **No**  COMMENTS: | | | | |
| **Reason if NOT met:** | | | | |