Professional Development and Recognition Programme (PDRP)

Assessor Application Form

Name: ………………………………………………………………………………. ……………..…… (Tick) RN EN

Work Area: …………………………………………… Clinical specialty: ……………………………………………….…….

Contact Numbers (Home) ………………………….…………. (Work)……………….…………………....……………….

E-mail: ………………………………………………….…………………………………………………………………............

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| PDRP Level ……………………………………………………………………………………………………………………  Date achieved ………………………………………………... Date of maintenance ……………………………………. |

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We are looking for an assessor group which reflects the cultural diversity of nurses in the organisation.

**Could you please identify your ethnicity?** ………….…………………………………………………………

**Please supply an up-to-date CV with your application: CV attached Yes € No €**

**What is your current understanding of the PDRP and its role in the organisation?**

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**What do you believe you can bring to this role?**

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**Please ensure that you are familiar with the assessor responsibilities (available on the intranet under Nursing and Midwifery Directorate/PDRP**

There is an expectation that assessors will attend training days, quarterly meetings and assess a minimum of 6 portfolios per year.

This requires time commitment and forward planning around your current position.

**How will you be able to meet this commitment?**

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* **Please attach any additional information to support your application.**

**Applicants signature: …………………………….**

**Date: ………………………………………………….**

**Forward your application to:**

[**Sarah.middlemass@northlanddhb.org.nz**](mailto:Sarah.middlemass@northlanddhb.org.nz)

**Sarah Middlemass**

**Nurse Coordinator**

**Professional Development and Recognition Programme**

**Nursing and Midwifery Directorate, Maunu House Level 3, Whangarei Hospital**

**Please have your manager complete the following letter in support of this application.**

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**Managers supporting letter**

**I ……………………………………………. (Managers name) from …………………………. (Area) give**

**my support to ……………………………………………… (Applicants name) application as a**

**PDRP assessor.**

**By signing this form, I acknowledge that being a PDRP assessor is an ongoing commitment. I understand that this role requires my support as area/unit manager with funded leave for study days/meeting attendance and rostered release time.**

**This support will include:**

**(Please tick boxes)**

* **Payment of any training costs i.e., course fees**
* **Rostered time off to complete the PDRP Assessor Training (1 days)**
* **Rostered time off to attend quarterly PDRP training/ meetings- approximately 1 hour (Zoom available)**
* **Understanding that the assessor is to complete a minimum of 6 portfolios per year.**
* **Support of assessor in development of assessor role in nursing/midwifery area (coaching, advising, in-service, developing and marketing PDRP/QLP to staff).**
* **Completion of managers requirements for the continued maintenance of applicant’s own portfolio (assessors must have a current PDRP portfolio).**

**Managers signature: ……………………………………**

**Date: ……………………………………………………….**