**Te Waipounamu**

**Registered Nurse Prescribing in Community Health (RNPCH).**

**Application form and learning contract.**

If you have any questions regarding this application/process, please email nurseprescribing@wellsouth.org.nz

**Step 1**: **Criteria**: Ensure that you meet the criteria for enrolling in the RNPCH programme. These criteria are outlined in the RNPCH guidelines.

**Step 2**: **Discussion**: Prior to submitting your application, discuss your intention to apply with your Line Manager, potential supervisor, and, if applicable, your Director of Nursing. All PHOs have a Director of Nursing (or similar leadership role). If you’re not sure who this is, please email the address above and ask.

**Step 3**: **Apply**: Complete the application form, ensure all fields are completed, and all relevant documents attached.

*Incomplete applications will not be processed. If clarification is required you will receive communication from us requesting the additional information, this could result in a late application and may not be processed.* ***It is recommended that applications are submitted early in the application time frame.***

**Receival of Application (ROA)**: All applicants will receive an email acknowledging receipt of your application. If you do not receive confirmation that your application has been received, please contact the email address above.

Each course cohort is limited to 12 nurses. Each applicant will be informed of their application outcome one week from the application closure date. If your application is not successful, and meets entry criteria, you will be given the opportunity to apply for the next cohort.

# Application Form

|  |  |
| --- | --- |
| Applicant’s full name as per APC: |  |
| Preferred name (if different) |  |
| Ethnicity(ies): |  |
| DOB: |  |
| NCNZ registration number:  |  |
| Mobile phone number: |  |
| Personal email address:  |  |
| Work email address:  |  |
| PHO or region: |  |
| Job title: |  |
| FTE: |  |
| Name of workplace: |  |
| Work address: |  |
| **Name**, **designation**, and **email** of the authorised prescriber (NP or doctor) who has agreed to supervise you during the programme | Name:Title:Email: |
| Have you completed the Sexual Wellbeing Aotearoa (formerly Family Planning) Certificate in Contraception and Sexual Health? (**Only** Required if wanting to prescribe contraception). If yes, please attach the certificate to this application  |  YES/ NO /planning on enrolling (circle one)If yes, Certificate attached:  |
| Do you have a current HealthLearn account? If so, please include the email address associated with your account. If you no longer have access, please let us know. |  |
| I have discussed this application with my PHO/Te Whatu Ora Director of Nursing or similar.Enter the DON or other name and email address. | Name:Title:Email: |
| Please, include your current nursing CV with your application | CV attached: |

***Declaration (APPLICANT):***

I, *(insert name) ,*

declare that the information in my application form is true and correct.

**Signature:**  **Date:**

# Employer Support Declaration

*[Insert Employee Name]:*

I declare that I agree to support the above-named RN by providing the required clinical release time (as applicable to the RN’s individual study plan) to enable attendance at RNPCH programme webinars; and to receive clinical practice supervision with an authorised prescriber (NP or Doctor).

Please provide a short statement of how supporting this RN to gain designated prescribing endorsement will enhance patient care provision within your area of practice:

I agree that on successful completion of the programme and registration with Nursing Council New Zealand (NCNZ) the above-named employee shall:

* Be supported to prescribe within the scope of a designated RNPCH within 6 months of completion of the programme.
* Be allocated non-clinical time agreed with the RN for required professional development (e.g. access to relevant education and resources) to maintain proficiency in Community Health Prescriber competencies.
* Continue to have access to a clinical supervisor who will observe, assess, and support the progress of the RN prescriber.
* Continuing competence requirements will be monitored via annual performance review.
* A record of each RNPCH will be maintained by the organisation and shared with the Te Waipounamu RNPCH Governance Group on request.

Are there any other nurse prescribers in your team: **Yes/No**

**Employer signature**

**Employer Name**

**Employer Role Title**

**Employer Organisation**

**Employer Address & Phone Number**

# Learning Contract for Registered Nurse (RN) and Clinical Supervisor

All Registered Nurses (RN) on the Registered Nurse Prescribing in Community health programme are required to enter a Learning Contract. The purpose of a Learning Contract is to ensure that the Supervisor and RN are aware of the responsibilities and commitment (both personal and professional) associated with their relationship and that this relationship is recognised. It is suggested that two copies are made. Both parties will sign and keep a copy each.

# Learning Contract Part A – RN

I, …………………………………………………………………………………………………….……... (RN) agree to participate in clinical supervision provided by …………………………………………………………………………………………………………. (clinical supervisor) commencing on ………………………………………………………….……… and finishing on …………………….………………………….

I agree to take responsibility for the following:

* Negotiate a learning contract and time frames with clinical supervisor.
* Maintain confidentiality requirements for clients, whanau, and employees.
* Identify learning needs and to ensure I am culturally responsive and work in partnership with patients and whanau, using holistic models of care that support Te Ao Māori.
* Participate in clinical teaching experiences.
* Reflect on constructive feedback provided by clinical supervisor.
* Develop a plan to meet the requirements provided.
* Develop a plan to meet the requirements of the clinical competencies.
* Acknowledge my own skills and knowledge.
* Seek support when required in a timely manner.
* Understand the process I and/or the Clinical Supervisor should initiate should any cause for concern arise during the programme (e.g. personal, health related, ability to meet competency expectations at any stage of the programme).
* Understand the Support Plan function and how to follow the process.
* Understand and know how to access the process for a second assessor/ Appeal against the outcome of the programme should this situation arise.

**Signature:** **Date:**

Other identified and agreed upon responsibilities:

**Initials RN:** **Initials Supervisor:**

# Learning Contract Part B – Clinical Supervisor

I ….…………………………………………………………………………….……... (Supervisor) agree to provide clinical supervision to ……………………………………………………………………………………………………………….……. (RN) in ………………………………………………………. (Area of work/department), commencing on …………………………………. and finishing on ………………………………….

As a Supervisor, I agree to do the following:

* Understand the requirements of the Registered Nurse Prescribing in Community Health programme.
* Share and role model my clinical expertise and skills.
* Maintain confidentiality requirements for clients, whanau, and employees.
* Facilitate learning experiences for the RN. It is recommended that the supervisor spends 4-8 hours a fortnight with the RN (teaching, observation of each other’s consults, reviewing consults notes, debriefing)
* Create opportunities for self-directed learning for the RN.
* Encourage and support the RN to identify their own learning needs and the resources available, particularly in relation to cultural responsiveness and working in partnership with patients and whanau using holistic models of care that support Te Ao Māori.
* Arrange for another GP/NP to support the RN if I am unavailable.
* Understand the process I and/or the RN participant will initiate should any cause for concern arise during the programme (e.g. personal, health related, ability to meet competency expectations) at any stage of the programme.
* Understand the Support Plan function and how to follow the process.
* Understand and know how to access the process for a second assessor/ Appeal against the outcome of the programme should this situation arise.

I will be involved in the following activities to support my role as a Clinical Supervisor:

* Participation in training workshops that enhance my role.
* Taking responsibility to seek assistance when encountering problems/ conflicts.
* Keeping the clinical area informed of the programme and its developments.
* Providing protected time for supervision every two weeks (minimum 12 hours in total)

**Signature:** **Date:**

# Supporting Statement from Participant

Please include below a short statement about how completion of the RNPCH programme will enhance your clinical practice and meet patient needs (approx. 200-300 words)

**Signature:** **Date:**