**Midland Portfolio Application**

**SECTION 1 Completed by Applicant (Word format only)**

|  |  |  |
| --- | --- | --- |
| **Print Name ON current Practising Certificate:**  |   | **Current practising certificate no:**  |
|  |
| **Organisation**  |  | **Location e.g. hospital** |  | **Practise area**  |  |
| **Contact details: Email and /or Phone**  |  |
| **CNM, NL,CMM**  |  |
| **Ethnicity & Iwi (this data is used for workforce planning)** |  |
| **Application for:** | **Progression to:** |  |
| **Refreshed / Updated level:** |  |
| **Current PDRP Level if applicable**  |  | **Designated Position**  |  |
| **Submission Date** |  |
| **Conflict of interest with assessor** | **Before** you submit please inform the PDRP Co ordinator / office if there is a conflict of interest with an assessor  |
| **The Portfolio Declaration has been completed and uploaded into my Portfolio**  |  |
| **Applicants signature** |  |

**SECTION 2 Completed by 1st Assessor**

|  |  |  |
| --- | --- | --- |
| Assessor Name |  | Date Received  |
| 2nd Assessment | Yes / No |
| 2nd Assessor Name |  | Date Received  |
| Internal Moderation | Yes / No |
| Further evidence required | Yes / No | Verbal / in writing | Required By  |
| NCNZ requirement 450hrs Practice Hours Met  | Yes / No |
| NCNZ requirement 60hrs Professional Development Met  | Yes / No |
| All PDRP Criteria Met | Yes / No |
| 1st Assessors’ name designation and signature |   |
| Applicant notified of outcome by 1st Assessor in e portfolio or via email  | Yes / No |

**Completed by Assessor PD format only AND send via attachment to the PDRP Coordinator/ office**

 NCNZ Data Base Letter: Candidate / CNM / HR