**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