**Te Waipounamu**

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

**Application form and learning contract.**

(Acknowledgement to Counties Manukau, Midlands Collaborative and Nursing Council of

New Zealand)

# Application Form

|  |  |
| --- | --- |
| Applicant’s full name: |  |
| Ethnicity(ies): |  |
| NCNZ registration number:  |  |
| Home address:  |  |
| Mobile phone number: |  |
| Email address:  |  |
| PHO or region: |  |
| Job title: |  |
| Name of workplace: |  |
| Work address: |  |
| Work email address: |  |
| Applicants are required to have completed 3 years full time equivalent clinical experience with at least 1 year of practice in the area in which they intend prescribing. Please state the year that you were registered and how many years you have been working in your intended prescribing area. Please, include your current CV with your application  |  |
| Name, designation, and email of the authorised prescriber (NP or doctor) who has agreed to supervise you during the programme:  |  |
| Have you completed the Family Planning Certificate in Contraception and Sexual Health? (Required for prescribing contraception) If yes, please attach certificate to this application  |  |
| Do you have a current HealthLearn account? If so, please include the email address associated with your account.  |  |
| I have discussed this application with the Director of Nursing/ Professional Nurse Advisor or appropriate nurse leader in my organisation.Enter the DON/ PNA or other name and email address. |  |

***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 health professional (NP or Doctor).

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.

**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 – 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.
* 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.
* Keep the clinical area informed of the programme and its developments.
* Provide protected time for supervision every two weeks ensuring not less than 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:**