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| **Name:** | |  | | **Role:** |  | **Workplace:** | |  |
| **APC number:** | |  | | **APC Expiry date:** |  | **Signature:** | |  |
| **HNZ |Te Whatu Ora employees only – Learning Requirements completed date:** | | | | |  | **OR plan made for completion date:** | |  |
| **Date** | **Hours** | | **Activity**  *Include Provider / host of training* | **Senior Nurse Verification**  *Each activity must be verified by a senior nurse (their name, signature and APC number is required).*  *For* ***Capital, Coast*** *a certificate/printout may be included as evidence of the learning activity.*  *For* ***Hutt Valley*** *provide a certificate/printout to a senior nurse as evidence of your learning activity but do not include these in your ePortfolio.* | | | **Selected 3 Sessions and reflect on how the activity affirmed, influenced or changed your practice**  *(This is only required for Capital Coast as part of three yearly PDRP, not for intervening year performance review.*  *At Hutt Valley reflections are entered directly into the ePortfolio)* | |
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| **Total:** |  | |  | ***NB: For 3-yearly PDRP, a minimum of 60 hours over the last 3 years is required for the record. (96 hours are required for NETP)*** | | |  | |