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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)*** |  |