

# CLINICAL NURSE / MIDWIFE SPECIALIST RECLASSIFICATION Application Form



**PORTLAND**  
DISTRICT HEALTH  
*Our Community  
Your Health*

PLEASE PRINT AND ATTACHED TO COVER LETTER OF YOUR APPLICATION

## Personal Details

Name	
Employee ID Number	

## Details

Department / Ward		Cost Centre	
Employment Status	Full time <input type="checkbox"/> Part time <input type="checkbox"/>		
Commencement Date in Dept / Unit:		Current Classification	
Specialist for which you are applying (e.g. Medical or Palliative Care)			
Year of Registered Nurse Div 1 Graduation:			

## Clinical Experience Relevant to CNS Application

**Applicants must show a commitment to the development of the area of speciality, their own development and the service in which they are employed and must demonstrate one of the criterion in each of the three sections.**

- Describe how each criterion is met and provide examples
- They should be examples of work done recently and is undertaken on a regular basis
- Please note that in interview you will need to be able to discuss recent examples

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| <b>1</b> | <p><b>CLINICAL SKILL:</b></p> <p><b>Criterion 1: Higher level of skill demonstrated in clinical decision making - in particular in problem identification and solution, and analysis and interpretation of clinical data;</b></p> <p><b>Criterion 2: Maintenance and improvement of clinical standards.</b></p> <p><u>Examples of Evidence:</u></p> <p>Able to demonstrate problem solving examples related to clinical decision making at a higher level than a peer.</p> <p>Able to demonstrate clinical improvements in the area of practice that provided improved clinical outcomes or decreased risk.</p> <p>Can demonstrate that they perform at a higher level than peers and is actively sought out for guidance / advice.</p> |
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<b>Confirmation signature by NUM</b>	Name:..... Signature.....
<b>2</b>	<p><b>PROFESSIONAL BEHAVIOUR:</b>  <b>Criterion 1:</b> Positive role model;  <b>Criterion 2:</b> Act as a mentor or preceptor to less experienced nurses, including graduate nurses;  <b>Criterion 3:</b> Support of, and contribution to, quality improvement and research projects within the area of practice and ward/unit/department;  <b>Criterion 4:</b> Acting as a resource person to others in relation to clinical practice.</p> <p><u>Examples of evidence:</u>  Recent minutes showing your regular attendance at meetings  Confirmation by your NUM that you have been involved in committees and working parties within and/or beyond the work unit  Can discuss in interview what contribution you made in those meetings and what work you undertook between meetings to assist the working group or committee meet its objectives.  Evidence that you regularly participate as preceptor for junior staff.  Hold specific portfolio and demonstrate active management of this area.  Able to demonstrate review or development of area policies.</p>
<b>3</b>	<p><b>PROFESSIONAL DEVELOPMENT:</b>  <b>Criterion 1:</b> Membership of relevant professional body, and ability to demonstrate and document:            i. learning from a journal article, or attendance at a conference or seminar, or reflection on seminar or conference papers;            or            ii. participation in effective learning activities relevant to their learning needs; or            iii. membership of a sub-grouping of the professional association relevant to their area of practice;  <b>Criterion 2:</b> Contribution to the education of other professionals, for example, being willing to provide at least one in-service education program each year;  <b>Criterion 3:</b> Undertaking own planned professional development and competence through various forms of continuing education, for example, conferences, study days, formal study, reading.</p> <p><u>Example of evidence::</u>  Able to demonstrate membership of professional body and provide evidence of active involvement or participation in related conferences, seminars or reflection on conference / seminar papers.  Can demonstrate recent formal in service provision within unit.  Able to demonstrate relevant education attendance or participation in field of expertise.</p>
<b>Confirmation signature by NUM</b>	Name:..... Signature.....

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<b>Complete B or C</b>				
<b>B: Post Registration Experience without Qualification (must be at least 4 years post registration in field of practice)</b>				
<b>Commencement Date</b>	<b>Date Ended (or current)</b>		<b>Hospital /Organisation</b>	
<b>C: Post Registration Qualification (must be specific post basic qualification related to field of practice.)+ 12 months relevant area qualification experience.)</b>				
<b>Date From</b>	<b>Date To</b>	<b>Duration in months or hours</b>	<b>Organisation</b>	<b>Course Name</b>

**Management Support of Application** – Authorising Manager must fill out this section

Reason for acceptance or non-acceptance of Application

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	<b>Name</b>	<b>Signature</b>	<b>Date</b>	
<b>Employee</b>				
<b>Nurse Unit Manager</b>				
<b>Director of Nursing (post interview)</b>				