**Declaration for Portfolio Submission**

This declaration must be signed by the nurse submitting their portfolio, as well as the Nurse Manager/Manager, for the portfolio to be accepted for assessment. This is in accordance with the Waikato DHB PDRP policy (2018).

Nurses who are currently undergoing either:

* **An organisational competency review** (this may occur when it is identified that a nurse has not maintained the required standard of competence)
* **An organisational formal performance management process** (this can be non-disciplinary in nature and can range from Informal discussion to a documented improvement plan, as per the organisations policy for performance management)
* **A NCNZ competence review** (Competency review may occur when it is identified that a nurse has not maintained the required standard of competence) Are ***not entitled to submit a portfolio, at any level.***

1. **Complete if you are a nurse with a Nurse Manager**
2. Nurse Declaration

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_declare that I am not currently undergoing performance management or competence review.

**Signature and APC #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Nurse Manager Declaration

I declare that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is not currently undergoing performance management or competence review.

I verify that I have discussed the definition and expectations of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ level of practice and support the above nurses’ portfolio submission.

**Full name, Signature, APC#, Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Complete if you are a nurse with a Manager who is NOT a Nurse**
2. Professional Nurse Lead Declaration (to be completed if the Nurse has a *Manager who is not a Nurse)*

I declare that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is not currently undergoing performance management or competence review.

I verify that I have discussed the definition and expectations of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ level of practice and support the above nurses’ portfolio submission.

**Full name, Signature, APC#, Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**