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 organisation’s policy for performance management)
* **A NCNZ competence review** (Competence 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****.*

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| **1. Nurse Declaration** |
| I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_declare, that I am not currently undergoing performance management or competence review.  **Signature and APC #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_ |
| **2. Nurse Manager Declaration** |
| I declare that \_\_\_\_\_\_\_\_\_\_\_\_\_\_ is not currently undergoing performance management or competence review.  I verify I have discussed the definition and expectations of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ level of practice, and support the above nurse, with their portfolio submission  **Full name, signature, APC #: and designation**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_  **3. Clinical Operations Manager**  I declare that \_\_\_\_\_\_\_\_\_\_\_\_\_\_ is not currently undergoing performance management or competence review.  I support the above nurse, with their portfolio submission  **Full name, signature, APC #: and designation**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_ |