

# Competence assessment plan

The practitioner must submit this plan to Ahpra for approval within the timeframes of the conditions and prior to commencement of the competence assessment.

## When is a plan required?

This plan is for nurses and midwives registered under the Trans-Tasman Mutual Recognition (TTMR) with conditions on their registration requiring completion of a competence assessment. The competence assessment must be in accordance with the competence assessment plan submitted by the practitioner in consultation with the nominated assessor and approved by the National Board.

A new plan may also be required when there is a change in the nominated assessor, practice or employment location.

## Who completes the plan?

The practitioner completes the plan in consultation with the nominated assessor.

## Approval of the plan

The practitioner submits the completed plan to the Board via Ahpra for consideration and approval. If changes are needed to the plan, feedback will be provided to the practitioner and nominated assessor.

## Definitions

Information about the meaning of words used in this form such as supervisee, supervisor are in the definitions section of the framework.

## Content of the plan

While this plan is for an assessment of competence, the supervised practice framework may provide guidance and direction for the practitioner and the nominated assessor.

- *Appendix 1: Links to relevant National Board material* for profession specific documents such as registration standards
- *Appendix 2: Information for supervisees*
- *Appendix 3: Information for supervisors*
- *Appendix 4: Supervised practice levels*
- *Notes* at the end of the form to help in completing the plan

The framework and appendices are on the relevant National Board website [www.ahpra.gov.au/National-Boards.aspx](http://www.ahpra.gov.au/National-Boards.aspx)

## Privacy and confidentiality

The Board and Ahpra are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and Ahpra may collect, use and disclose your information are set out in the collection statement relevant to this application, available at [www.ahpra.gov.au/privacy](http://www.ahpra.gov.au/privacy).

By signing this form, you confirm that you have read the collection statement. Ahpra's privacy policy explains how you may access and seek correction of your personal information held by Ahpra and the Board, how to complain to Ahpra about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at [www.ahpra.gov.au/privacy](http://www.ahpra.gov.au/privacy)

## Symbols in this form



### Extra information

Provides specific information about a question or section of the form.



### Attention

Highlights important information about the form.



### Attach document(s) to this form

Processing cannot occur until all required documents are received.



### Signature required

Requests appropriate parties to sign the form where indicated.

## Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to Ahpra.
- To fill in the PDF onscreen, please ensure you download this form to your computer first, then fill it using Adobe Acrobat or Adobe Acrobat Reader.
- To fill in the form manually, print it and fill it in using a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:
- **DO NOT send original documents.**



**Valid signature** is defined by either an official electronic signature or printing this form, signing and scanning for submission. Names that are typed in this field will not be accepted as a valid signature.



To check or remove documents you have digitally attached, select the arrow on the left pane of the PDF then click on the paper clip icon.



Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.



**This form will not be considered unless it is complete and all supporting documentation has been provided.**



## SECTION A: Practitioner details

### 1. What are the personal details of the practitioner?

<b>Family name</b>		<input type="text"/>	
<b>First given name</b>		<input type="text"/>	
<b>Date of birth</b>	<input type="text" value="DD"/>	/	<input type="text" value="MM"/>
	<input type="text" value="YYYY"/>	/	<input type="text" value="YYYY"/>
<b>Registration number</b> (e.g. NMW000123456 - if applicable)	<input type="text"/>	<b>Monitoring and compliance number</b> (if applicable)	<input type="text"/>
<input type="text"/>	<input type="text"/>	<b>Division / endorsement / specialty</b> (if applicable)	<input type="text"/>

## SECTION B: Nominated assessor details

The Board may approve more than one nominated assessor. This allows for flexibility if an assessor is not available and for practice to be relevant and suitable for the profession.

It is also important that employers support the competence assessment practice arrangement.

### 2. What are the personal details of the nominated assessor?

<b>Family name</b>		<input type="text"/>	
<b>First given name</b>		<input type="text"/>	
<b>Registration number</b> (e.g. NMW000123456)	<input type="text"/>	<b>Division / endorsement / specialty</b> (if applicable)	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 3. What is the nominated assessor's experience?



Attach to the plan a signed and dated curriculum vitae that describes the assessors full practice history, clinical or skills training, and any experience or training as a supervisor/assessor (e.g. how many practitioners they have assessed before).

It must also contain all the elements defined in Ahpra's standard format for curriculum vitae which can be found at [www.ahpra.gov.au/cv](http://www.ahpra.gov.au/cv)



### 4. What are the personal details of alternate assessor 1?

<b>Family name</b>		<input type="text"/>	
<b>First given name</b>		<input type="text"/>	
<b>Registration number</b> (e.g. NMW000123456)	<input type="text"/>	<b>Division / endorsement / specialty</b> (if applicable)	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



5. What is the experience of alternate assessor 1?



Attach to the plan a signed and dated curriculum vitae that describes the alternative assessors full practice history, clinical or skills training, and any experience or training as a supervisor/assessor, for example how many practitioners they have previously assessed.

It must also contain all the elements defined in Ahpra’s standard format for curriculum vitae which can be found at [www.ahpra.gov.au/cv](http://www.ahpra.gov.au/cv)



SECTION C: Conflict of interest disclosure

Read Appendix 2: Information for supervisees/practitioners and Appendix 3: Information for supervisors/assessors which explains information about conflicts of interest.

6. Does the practitioner have any actual or potential conflicts of interest with the proposed assessor(s) to disclose?

YES

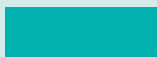
NO

Provide details of any actual or potential conflicts of interest with the assessor(s)

Text area with horizontal dashed lines for providing details of conflicts of interest.



Attach a separate sheet if the conflict of interest details do not fit in the space provided.



7. Does the primary assessor have any actual or potential conflicts of interest with the practitioner to disclose?

YES

NO

Provide details of any actual or potential conflicts of interest with the supervisee

Text area with horizontal dashed lines for providing details of conflicts of interest.

8. Does alternate assessor have any actual or potential conflicts of interest with the practitioner to disclose?

YES

NO

Provide details of any actual or potential conflicts of interest with the supervisee

Text area with horizontal dashed lines for providing details of conflicts of interest.



## SECTION D: Details of the competence assessment arrangement

### 9. What are the practitioner's proposed role and employment details?

**Practitioner's proposed title/role**

**Describe the practitioner's proposed role**



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**Details of proposed employer of practitioner**

Organisation



Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)



City/Suburb/Town

State/Territory (e.g. VIC, ACT) Postcode

Business phone Email

Attach proof of employment documents, e.g. a signed letter of offer, contract of employment, position description for the proposed role(s) if not already provided with an application form.

### 10. What are the proposed workplace/locations for competence assessment?

**Workplaces/location(s) where the competence assessment is proposed**

If the assessment is to occur at more than one workplace/location list all workplaces/locations e.g. name of hospital, health service, unit, clinic, theatre, patient location

Site/building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)



City/Suburb/Town

State/Territory (e.g. VIC, ACT) Postcode

Business phone Email



Site/building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)



City/Suburb/Town

State/Territory (e.g. VIC, ACT)

Postcode

Business phone

Email



Attach a separate sheet if the extra site details do not fit in the space provided.



**11. What are the details of the proposed competence assessment arrangement?**

Read the notes at the end of the form for help in completing the question. Read [Note A](#)

**Proposed date range for the assessment of competence**

To activate auto-calendar please click cursor within the date fields.

Start date

End date (if applicable)

**Mark all applicable options**

- Direct supervision of clinical care provided
- Direct supervision of assessments
- Discussion of treatment plan after assessment
- Observation of initial consultation and treatment
- Review of patient records and treatment plans
- Professional education sessions
- Literature presentation and analysis
- Specific tasks set
- Group supervised practice/teaching/learning sessions
- Case presentation

- Case reviews

Details of frequency e.g. daily, weekly, fortnightly

- Teleconferences

Details of frequency e.g. daily, weekly, fortnightly

- Meetings

Details of frequency e.g. daily, weekly, fortnightly

- Other

Details of other ways supervised practice is to be provided

**SECTION E: Competence assessment goals and activities**

The competence assessment goals and activities should reflect and be consistent with the NMBAs Registered nurse or Midwife standards for practice. These should also be consistent with the code of conduct and code of ethics.

**12. Complete attachment to competence assessment plan using the NMBAs template standards for practice.**



Attach to the plan Section E: Registered nurses and midwives goals and activities available on NMBA website that sets out the RN standards for practice goals and planned activities to meet the RN standards for practice or midwife standards for practice.






## SECTION F: Practitioner's declaration

By signing this declaration, I acknowledge and confirm I:

- have nominated an assessor to conduct the competence assessment within 14 days of commencing employment, using the appropriate documentation
- have nominated for approval a competence assessment plan addressing the standards for practice.

Name of practitioner	Signature of practitioner
<input type="text"/>	 SIGN HERE
Date	
<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	

## SECTION G: Primary assessor's declaration

By signing this declaration, I acknowledge and confirm I:

- have completed this plan in consultation with the practitioner and in my professional opinion consider the contents in the competence assessment plan and attachments to be appropriate to the practitioner's assessment
- have adequate time to carry out the role of primary assessor
- will carry out the role of primary assessor for the practitioner listed on this form to the requirements set out in the supporting documents, and
- have attached to this form a signed and dated CV that confirms I have suitable training, experience and/or qualifications in order to provide the assessment of practice required.

Name of primary assessor	Signature of primary assessor
<input type="text"/>	 SIGN HERE
Date	
<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	


## SECTION H: Alternate assessor(s) declaration

By signing this declaration, I acknowledge and confirm I:

- have adequate time to carry out the role of alternate assessor
- will carry out the role of alternate assessor for the practitioner listed on this form to the requirements contained in the supporting documents, and
- have attached to this form a signed and dated CV that confirms I have suitable training, experience and/or qualifications in order to provide the assessment of practice required.

Name of alternate assessor 1	Signature of alternate supervisor 1
<input type="text"/>	 SIGN HERE
Date	
<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	

Name of alternate assessor 2	Signature of alternate supervisor 2
<input type="text"/>	 SIGN HERE
Date	
<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	

 If more than one alternate assessor is nominated, attached a separate sheet with a signed and dated declaration as set out above



## SECTION I: Checklist

Have the following items been attached or arranged, if required?

<i>Extra documentation</i>		Attached
<b>Section B</b>	If there is more than one alternate assessor, a separate sheet with details of the other alternate assessor(s) and the curriculum vitae for each alternate assessor	<input type="checkbox"/>
<b>Question 3</b>	The primary assessor's curriculum vitae	<input type="checkbox"/>
<b>Question 5</b>	The alternate assessor's curriculum vitae	<input type="checkbox"/>
<b>Question 6</b>	A separate sheet with the details about any actual or potential conflicts of interest with the practitioner and each extra assessor nominated	<input type="checkbox"/>
<b>Question 9</b>	Proof of employment e.g. a signed letter of offer, position description for the practitioner's proposed role(s) if not already provided with an application form	<input type="checkbox"/>
<b>Question 10</b>	A separate sheet with the details of extra workplaces/locations (if applicable)	<input type="checkbox"/>
<b>Question 12</b>	The completed template of the competence assessment goals and activities (if applicable)	<input type="checkbox"/>
<b>Section H</b>	A separate sheet with a signed and dated declaration if more than one alternate assessor is nominated	<input type="checkbox"/>



Please check to make sure your form is fully and accurately completed.

***If missing information is identified your form will not be processed and will be returned to you to fill out properly***



**Do not email this form.**

Please submit this completed form and supporting evidence using the Online Upload Service at [www.ahpra.gov.au/registration/online-upload](http://www.ahpra.gov.au/registration/online-upload).

You may contact Ahpra on 1300 419 495

## What happens next?

Ahpra will review your form and either:

- return the form to you if it is incomplete
- request more information from you, or
- present your form for a decision.

You will be given notice of the decision.

## Notes to help in completing the plan

### NOTE A

The assessment of competence may include: direct supervision of all assessments, discussion of treatment plan after assessment, observation of initial consultation and treatment, review of patient records and treatment plans, frequency of case reviews, teleconferences, frequency of meetings, professional education sessions, literature presentation and analysis, specific tasks set, group supervised practice/teaching/learning sessions, case presentation.

## Definitions

### NOMINATED ASSESSOR

Nominated assessor is the registered nurse approved by the National Board to conduct the competence assessment as per the requirements of the conditions and the approved competence assessment plan.

### PRACTITIONER

Practitioner is the registered nurse with conditions on their registration imposed in accordance with the Trans-Tasman Mutual Recognition Act to complete a competence assessment.