



Professional Development/ Career Planning and Reflection

Applicant Name: PDRP LEVEL Signature:	Area of work
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Professional Development activity (PDA) this may include application for Post Graduate study, NEDC or study days and relate to PDRP

Date: Venue: Course of study:
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Please complete this section prior to meeting with CNM in relation to study. This should also be completed in association other Career Planning documents
<http://www.taimned.co.nz/HWNZ/default.aspx?hyperlink>

1 Discuss your learning hopes and why it is significant for your PD and Career Plan to attend this activity. Identify the Nursing Council Competencies this PD supports. You must consider the features of your PDRP level, the Nursing Strategic plan and links to National trends for health gains

2 In what ways does this PD activity link to your professional goals /career plan as indicated on your Performance Development Review Form?

Clinical Nurse Manager/Manager comments linking application to Ward/Department professional development plan

PD activity supported / not supported (Please circle one)

Date

CNM/NL Name:

Signature

Copy to file:

(This form does not replace usual application process for PD)

REFLECTION ON PROFESSIONAL DEVELOPMENT ACTIVITY

Your statement of learning must explain what you did, what you learned and how the PD activity affirmed or influenced your practice.

<http://www.nursingcouncil.org.nz/contcomp.html#audit>

1 How has attending this PD activity had effects for your practice? What do you notice you are doing in a different way? What are the direct or indirect effects for client outcomes?

2 Please identify 3 ways you will share the information/reflections from the PD activity with your colleagues. How and when will you do this? Please be specific.

3 What do you consider you would like to do in the future to continue to develop your nursing knowledge from this PD activity?

On completion of this section, send a copy to CNM.

Applicant retains electronic copy for PDRP/NC audit