

Advanced Practice Completion of Training Form:

Please complete electronically in full and return to
joey.giles@nhs.net along with new Job Description and any
required supporting information

Name	
Employee ID	
Professional Registration	
Speciality	
Employee email address	
Line manager	
Coordinating Educational Supervisor Name: Position:	

Section 1. Has the named individual completed a 3-year Advanced Practice MSc	Yes <input type="checkbox"/> <i>If yes, please attach MSc Certificate</i> No <input type="checkbox"/> <i>If no, please provide documentation to evidence equivalence with covering letter.</i>
Section 2a. Has the named individual been employed in a trainee AP role for 3 or more years? <i>AP training undertaken in other settings will be considered alongside supporting evidence.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no, please provide documentation with covering letter.</i>
Section 2b. Has the named individual undertaken at least 1hr of clinical supervision per week*? <i>*Either with CES or workplace supervisor</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Section 3a. Is the named individual working within a profession which is legally entitled to undertake independent/supplementary prescribing qualifications?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no, please provide evidence to support the individual's understanding of medicine management/therapeutics and move to section 4</i>
Section 3b. Does the named individual possess qualification in independent prescribing? <i>If the clinician works in an area which is deemed to not require independent prescribing, please provide supporting statement from service line manager/director/professional lead.</i>	Yes <input type="checkbox"/> <i>Please attach copy of professional registration entry (HCPC/NMC/GPhC)</i> No <input type="checkbox"/>
Section 4. Has the named individual completed their Year 3 ACAT?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Section 5a. Has the named individual completed their Year 3 ARCP?	Outcome: Date of ARCP:
Section 5b. Any recommendations for practice following the year 3 ARCP?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 5.

The following declarations are compulsory and relate to Good Professional Practice guidance recognised by NMC, HCPC, GMC.

5a) I declare that I accept the professional obligations placed on me in relation to honesty and integrity.

Please tick/cross here to confirm your acceptance ☐

** If you wish to make any declarations in relation to honesty and integrity, please attach supplementary statement*

5b) I declare that I accept the professional obligations placed on me about my personal health.

Please tick/cross here to confirm your acceptance ☐

** If you wish to make any declarations in relation to honesty and integrity, please attach supplementary statement*

5c) Do you have any professional regulator conditions, warnings or undertakings placed on you by your professional regulator, employing Trust or other organisation?

Yes* ☐

** If yes, are you complying with these conditions/undertakings?*

Yes ☐

No ☐

Section 6.

Is the individual's new JD based upon the *current* trust generic AP JD?

Yes ☐ Please attach a copy of JD

No ☐

Confirmation

Named Individual:

Signature:

Date:

Line Manager:

Signature:

Date:

Coordinating Educational Supervisor:

Signature:

Date:

Uplift to band 8a approved by:

Name:

Signature:

Date:

Corporate Lead for Advanced Practice

Deputy Chief Nurse