| **EN Accomplished Assessor Outcome** | | | |
| --- | --- | --- | --- |
| **Assessor Only Name of Applicant:** | | | |
| **Domain 1: Professional Responsibility** | | | |
|  | **Self- Assessment Met** | **Peer Review/ Senior Nurse Assessment Met** | Further Evidence Required (please state if applicable) |
| Competency 1.1 | Yes / No | Yes / No |  |
| Competency 1.2 | Yes / No | Yes / No |  |
| Competency 1.3 | Yes / No | Yes / No |  |
| Competency 1.4 | Yes / No | Yes / No |  |
| Competency 1.5 | Yes / No | Yes / No |  |
| Competency 1.6 | Yes / No | Yes / No |  |
| **Domain Met Yes / No** | | | |
| **Domain 2: Management of Nursing Care** | | | |
| Competency 2.1 | Yes / No | Yes / No |  |
| Competency 2.2 | Yes / No | Yes / No |  |
| Competency 2.3 | Yes / No | Yes / No |  |
| Competency 2.4 | Yes / No | Yes / No |  |
| Competency 2.5 | Yes / No | Yes / No |  |
| Competency 2.6 | Yes / No | Yes / No |  |
| **Domain Met Yes / No** | | | |
| **Domain 3: Interpersonal Relationships** | | | |
| Competency 3.1 | Yes / No | Yes / No |  |
| Competency 3.2 | Yes / No | Yes / No |  |
| Competency 3.3 | Yes / No | Yes / No |  |
| **Domain Met Yes / No** | | | |
| **Domain 4: Interprofessional health care & quality improvement** | | | |
| Competency 4.1 | Yes / No | Yes / No |  |
| Competency 4.2 | Yes / No | Yes / No |  |
| Competency 4.3 | Yes / No | Yes / No |  |
| **Domain Met Yes / No** | | | |

|  |  |
| --- | --- |
| **Name of Applicant:**  **Assessor Summary and Recommendations:** | |
| **Accomplished Enrolled Nurse Achieved? Yes / No** | **Date:** |
| **Assessor Name:** | **Designation:** |
| **Signature:** | **Assessment Time:** |