



**Nursing Entry to Practice Programme**

**Nomination form:**

**Excellence in Professional Nursing (NETP)**

**Sponsored by St Georges Hospital, Christchurch**

Nominations for the Excellence in Professional Nursing Practice prize is open to all Nursing Entry to Practice registered nurses in the Canterbury Region Nursing Entry to Practice Programme (NetP).

St George’s Hospital acknowledges and values the opportunity provided to new registered nurses by the Canterbury Region’s Nurse Entry to Practice Programme.

The Excellence in Professional Nursing Practice prize is awarded to encourage and acknowledge excellence in professional nursing practice for the competent new registered nurse. To be nominated for the prize the new registered nurse must have demonstrated commitment to nursing, ongoing learning and professional development throughout the NetP programme.

The nurse must also meet the additional criteria below:

* Personal commitment and responsibility to consolidate critical inquiry, reflection, problem solving and clinical reasoning as a registered nurse
* Has a commitment to ongoing learning and professional development and applies this knowledge to challenge and influence practice and patient care
* An ability to utilise constructive feedback as a means to develop professional practice
* A high level of professionalism in communication, interaction and care with patients / whānau and the wider healthcare team.

*\* Please provide a brief summary below outlining your rationale for nominating the nurse. Specific evidence / examples should then be provided overleaf in relation to the criteria above.*

***N.B.*** *The judges are impartial and may not be familiar with your clinical environment. The evidence that you provide will enable the judges to make a fair decision.*

Name of registered nurse: (in full)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit / area and speciality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital / community service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a summary of your reason for nomination:

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Please detail examples of how the RN has demonstrated achievement of the criteria:

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Please provide an overview of nominee’s personality and strengths within nursing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Additional comments:

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Your name & designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name / signature of charge nurse/manager/team leader supporting the nomination:

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Name Title Signature

**Please submit your nomination by the due date identified on the NETP website (under forms and templates):** [**www.cdhb.health.nz/netp**](http://www.cdhb.health.nz/netp)

**Submit a scanned copy of this form via email to** NETP@cdhb.health.nz

NetP Programme Office Use Only:

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| --- | --- |
| Nomination criteria | Completed in timely manner |
| Successful completion of NETP programme: |  |
| Performance review & goal setting |  |
| Clinical hours |  |
| Learning hours & assignments |  |
| Portfolio – RN competent |  |

Signed: Nurse Manager - NetP Programme \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_