| **Designated Senior Nurse Assessor Outcome** | | | | | |
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| **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 |  | | |
| **Domain Met Yes / No** | | | | | |
| **Domain 2: Management of Nursing Care** | | | | | |
| Competency 2.1 | Yes / No / NA | Yes / No / NA |  | | |
| Competency 2.2 | Yes / No / NA | Yes / No / NA |  | | |
| Competency 2.3 | Yes / No / NA | Yes / No / NA |  | | |
| Competency 2.4 | Yes / No / NA | Yes / No / NA |  | | |
| Competency 2.5 | Yes / No / NA | Yes / No / NA |  | | |
| Competency 2.6 | Yes / No / NA | Yes / No / NA |  | | |
| Competency 2.7 | Yes / No / NA | Yes / No / NA |  | | |
| Competency 2.8 | Yes / No / NA | Yes / No / NA |  | | |
| Competency 2.9 | Yes / No / NA | Yes / No / NA |  | | |
| **Domain Met Yes / No** | | | | | |
| **Domain 2: Management of Nursing Care – Nurses involved in Management** | | | | | |
| Indicator 1 | Yes / No / NA | Yes / No / NA |  | | |
| Indicator 2 | Yes / No / NA | Yes / No / NA |  | | |
| Indicator 3 | Yes / No / NA | Yes / No / NA |  | | |
| Indicator 4 | Yes / No / NA | Yes / No / NA |  | | |
| **Domain Met Yes / No / NA** | | | | | |
| **Domain 2: Management of Nursing Care – Nurses involved in Education** | | | | | |
| Indicator 1 | Yes / No / NA | Yes / No / NA |  | | |
| Indicator 2 | Yes / No / NA | Yes / No / NA |  | | |
| Indicator 3 | Yes / No / NA | Yes / No / NA |  | | |
| **Domain Met Yes / No / NA** | | | | | |
| **Domain 2: Management of Nursing Care – Nurses involved in Research** | | | | | |
| Indicator 1 | Yes / No / NA | Yes / No / NA |  | | |
| Indicator 2 | Yes / No / NA | Yes / No / NA |  | | |
| Indicator 3 | Yes / No / NA | Yes / No / NA |  | | |
| **Domain Met Yes / No / NA** | | | | | |
| **Domain 2: Management of Nursing Care – Nurses involved in Policy** | | | | | |
| Indicator 1 | Yes / No / NA | Yes / No / NA |  | | |
| Indicator 2 | Yes / No / NA | Yes / No / NA |  | | |
| **Domain Met Yes / No / NA** | | | | | |
| **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 3: Interpersonal Relationships – Nurses involved in Management, Education, Research and/or Policy** | | | | | |
| Indicator 1 | Yes / No / NA | Yes / No / NA |  | | |
| Indicator 2 | Yes / No / NA | Yes / No / NA |  | | |
| **Domain Met Yes / No / NA** | | | | | |
| **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** | | | | | |
| **Levels of Practice Specific Requirements** | | | | | |
| Leadership in Practice Innovation and Quality Improvement | | | | Yes / No |  |
| Education and Development of Others | | | | Yes / No |  |
| Active Participation in Wider Service, Organisation or Professional Activities/Groups | | | | Yes / No |  |
| Leadership | | | | Yes / No |  |

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| **Name of Applicant:**  **Assessor Summary and Recommendations:** | |
| **Designated Senior Nurse Level Achieved? Yes / No** | **Date:** |
| **Assessor Name:** | **Designation:** |
| **Signature:** | **Assessment Time:** |