CONFIRMATION OF COMPLETION – PART__

Practice Assessor Confirmation of Proficiency

This feedback should be informed by feedback sought from practice supervisors and assessors (see previous pages) and any other relevant people in order to be assured about your decision. Review platform proficiencies section for the part to ensure all have been signed as achieved.

Practice Assessor: Confirmation of Achievements of Platforms END OF PART ___: *Please initial the relevant column*		
	Achieved	**Not achieved**
Platform 1: Being an accountable professional		
Platform 2: Promoting health and preventing ill-health		
Platform 3: Assessing needs and planning care		
Platform 4: Providing and evaluating care		
Platform 5: Leading and managing nursing care and working in teams		
Platform 6: Improving safety and quality of care		
Platform 7: Co-ordinating care		

Practice Assessor: Comment on areas of development for safe demonstration of skills and procedures (Annexes A & B)

Practice Assessor Confirmatory Statement – END OF PART ____

I confirm that in partnership with the nominated Academic Assessor, student nurse (print name) _____ has **ACHIEVED/NOT ACHIEVED** (please delete as appropriate) all platforms (and proficiencies) at the _____ level for Part ____ of the programme and, **RECOMMEND/DO NOT RECOMMEND** (please delete as appropriate) progression to **PART _____**.

Signature of Practice Assessor:
Date:

Academic Assessor Confirmatory Statement (HEI use only) – END OF PART ___

I confirm that in partnership with the nominated Practice Assessor, student nurse (print name) _____ has **ACHIEVED/NOT ACHIEVED** (please delete as appropriate) all platforms (and proficiencies) at the _____ level for Part ____ of the programme and, **RECOMMEND/DO NOT RECOMMEND** (please delete as appropriate) progression to **PART ____**

Comments:

Signature of Academic Assessor:
Date:

HEI USE ONLY	
Number of hours for Part ____	
Hours carried forward to Part ____	
Retrieval programme required?	YES / NO (delete as appropriate)