

## CPD portfolio workshop

This course is designed for nurses and midwives who wish to collate a comprehensive record and systematic portfolio of evidence for the reauthorisation to practise process.

You will learn about the Nursing and Midwifery Board of Australia's (NMBA) Registration Standards for Continuing Professional Development and Recency of Practice, plus how to prepare and organise your professional portfolio.

### Portfolio development and framework:

- Justification statements
- Evidence and types of evidence
- Competency standards
- Assessment
- Continuing Professional Development (CPD)
- Recency of practice.

### Learning outcomes:

- Outline the significance of the Nursing and Midwifery Board of Australia's Registration Standards for Continuing Professional Development and Recency of Practice
- Identify the purposes of a professional portfolio
- Discuss the components of a portfolio
- Develop a framework to present a portfolio.

**Target audience: RN / EN (Div. 2)**

**CPD hours: 3½**

### Dates and venues for 2010:

#### The College of Nursing, 14 Railway Parade, BURWOOD NSW

15 July 2010 9.00 am–12.30 pm	26 August 2010 1.00 pm–4.30 pm	16 September 2010 9.00 am–12.30 pm
18 October 2010 1.00 pm–4.30 pm	25 November 2010 9.00 am–12.30 pm	3 December 2010 1.00 pm–4.30 pm

#### Royal Brisbane and Women's Hospital Education Centre, Cnr. Butterfield Street and Bowen Ridge Road, HERSTON QLD

20 August 2010 – 9.00 am–12.30 pm or 1.00 pm–4.30 pm

#### Royal Melbourne Hospital, Grattan Street, PARKVILLE VIC

24 September 2010 – 9.00 am–12.30 pm or 1.00 pm–4.30 pm

**Fees:** RN member \$115.50      RN non member \$136.00  
 EN member \$90.50      EN non member \$113.00  
 (All costs include 10% GST)

**Enquiries:** Student Services Centre [sas@nursing.edu.au](mailto:sas@nursing.edu.au) (02) 9745 7500

## Enrol now – limited places available.

All information in this brochure is correct at the time of printing and is subject to change without notice.





# The College of Nursing

ABN 43 000 106 829

## Continuing Professional Development Enrolment Form

Are you a:  RN  EN  Other Health Care Professional (please specify)

### COURSE DETAILS

Course name .....

Course dates .....

### PERSONAL DETAILS

Title (Miss, Ms, Mrs, Mr, etc) ..... Surname .....

Given name ..... Date of birth .....

Address .....

Postcode .....

Home telephone ..... Work telephone ..... Mobile no. ....

Email ..... Annual Authority to Practice ID no. ....

Are you of Aboriginal or Torres Strait Island descent?  Yes  No If yes, please specify .....

Applicant's signature .....

### EMPLOYER DETAILS

Place of employment .....

Staff position ..... Specialty .....

Is your place of employment:  Private  Public  Other .....

### NSW DEPARTMENT OF HEALTH FUNDED COURSES (NSW Health employees)

Enrolment is subject to priority selection. Successful applicants will be notified by mail approximately three weeks prior to course commencement.

Can this applicant be released from your hospital or facility to attend this course?  Yes  No

Nursing Unit Manager (name) ..... Nursing Unit Manager (signature) .....

Work telephone ..... Mobile telephone .....

### PAYMENT DETAILS

<b>Course fees</b>	Please refer to the College Continuing Professional Development handbook or website: <a href="http://www.nursing.edu.au">http://www.nursing.edu.au</a> Member \$ ..... Non-member \$ ..... (Membership application available from the website)
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<b>Are you being financially supported by your employer to attend the course(s)?</b>	
Course fee: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>and/or</b> Wages paid while attending: <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Payment by student</b> (Complete this section only if you are paying your own course fees)	Please find enclosed my cheque/money order for the sum of \$..... made payable to The College of Nursing <b>OR</b> Please debit my: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX Amount \$.....
	Card No <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Expiry date ..... Cardholder's name .....
	Cardholder's signature .....

<b>Payment by employer</b> (Complete this section only if your employer is paying your course fees)	If course fees are to be paid by your employer, enrolment forms may be sent (by fax or post) prior to payment. If this course is being funded by your hospital, please forward a purchase order with this application. The authority below must be signed by administration. Enrolment cannot be confirmed unless the total fee payable is included or authorised.
	Course fees will be paid by ..... Purchase order no. ....
	Manager's name (please print) ..... Signature .....
	Work telephone. .... Mobile telephone .....
	Address ..... Postcode .....

### PLEASE POST OR FAX YOUR COMPLETED ENROLMENT FORM TO:

Student Services Centre, The College of Nursing, Locked Bag 3030, Burwood NSW 1805 • Telephone (02) 9745 7500 • Facsimile (02) 9745 7501  
Successful applicants will be notified by mail on receipt of correctly completed application.

Please note the College application criteria, cancellation policy, refund policy on the website at [www.nursing.edu.au/CPDcourses/](http://www.nursing.edu.au/CPDcourses/)