

NETP Programme April 2018 Intake

During your first year of practice, you will participate in the Counties Manukau Health (CM Health) Nurse Entry to Practice (NETP) programme. The NETP programme is partly funded by Health Workforce New Zealand (HWNZ) which is part of the Ministry of Health. It is a requirement of HWNZ that CM Health collects the following data, including your result of any postgraduate requirements of the NETP Programme, and will only release it to HWNZ for reporting and auditing purposes and to meet the requirements of the Privacy Act (1993).

This form must be completed by 13 April 2018.

IMPORTANT: This form is best viewed in Firefox.

IMPORTANT: You must complete this form in one sitting.

You cannot save the form and return to it. If you would like to outline your answers you can download a copy of this form.

DOWNLOAD A COPY

Health Practitioner Registration Number (Required)

Note: Annual Practising Certificate (APC).

Scope of Practice Answer: Registered Nurse **Hidden Question**

Registration Body Answer: Nursing Council of New Zealand **Hidden Question**

Trainee first name (Required)

Note: First name as it appears on your APC.

Trainee preferred name (required)

Trainee surname (Required)

Note: Surname as it appears on your APC.

Funding DHB Answer: Counties Manukau DHB **Hidden Question**

Employer Name (Required)

Note: CMDHB employees, type Counties Manukau DHB. Non-CMDHB employees, type your Employer's name.

Do not use abbreviations.

Ethnicity (Required) **Dropdown box**

Ethnicity List
European nfd
New Zealand European/Pakeha
Other European
New Zealand Maori
Pacific Island nfd
Samoan
Cook Island Maori
Tongan
Niuean
Tokelauan
Fijian
Other Pacific Island Groups
Asian nfd
Southeast Asian
Chinese
Indian
Other Asian
Middle Eastern
Latin American/Hispanic
African or cultural group of African origin
Other Ethnicity

Iwi/Hapu

Note: Leave spaces between multiple entries. Do not use brackets or commas.

Gender (Required) **Dropdown box**

Gender List
Female
Male

Date of Birth (Required)

Note: format DD/MM/YYYY

NZ Citizen / Permanent Resident Answer: Yes **Hidden Question**

Maori or Pacific Peoples Support Answer: yes / no

PU Code List Answer: CTN10 Hidden Question

Clinical Service Area (Required) Dropdown Box

Note: If unsure, choose the blank option.

Clinical Service Area List
Blank Option
Aged Care
Ambulatory Care
Cardiology
Emergency/Trauma
Endocrinology
Gastroenterology
General Medical
General Surgical
Gynaecology
Haematology
Intensive Care
nec
Neonatal Intensive Care
Nephrology/Renal
Orthopaedic
Paediatrics
Perioperative
Plastic Surgery & Burns
Primary Health Care - General
Public Health
Radiology
Respiratory
Spinal
Vascular
Women's Health

Date Commenced Training Answer: 09/04/2018 Hidden Question

Qualification sought Answer: NETP Hidden Question

Education Provider (Required) Dropdown box

NETP Post Graduate Education Provider

Note: AUT = Paediatric work areas. UoA = Adult work areas including PHC/ARC.

Education Provider
The University of Auckland
Auckland University of Technology

Paper Title 1 Answer: blank Hidden Question (Clinical practice development)

Paper Title 2 Answer: blank Hidden Question (Clinical assessment & diagnostic reasoning)

Paper Title 3 Answer: blank Hidden Question

Expected Completion Date Answer: Hidden Question

Trainee / Programme Comments Answer: blank Hidden Question

Trainee Outcome (Paper 1) Answer: In Training Hidden Question

Trainee Outcome (Paper 2) Answer: blank Hidden Question

Trainee Outcome (Paper 3) Answer: blank Hidden Question

Travel Band Answer: Blank Hidden Question

Month Answer: 09/04/2019 Hidden Question.

Employment FTE (Required) Dropdown box



80hrs a fortnight = 1

72hrs a fortnight = 0.9

64hrs a fortnight = 0.8

Training Units Answer: 1 Hidden Question

Undergraduate Training Provider (Required)

Note: Technical Institute where you did your undergraduate nursing training.

Transition/Pre-registration Placement

DHB (Required)

Clinical Area (Required)

NETP Employment

Work Area (Required)

Note: Name of ward, unit, etc.

Service Area (Required) **Dropdown box**

Note: If unsure, choose the blank option.

Service Area
Blank Option
Acute Care (Annie Fogarty)
Age Related Residential Care (Kathy Peri)
ARHOP (Lyn James)
Kidz First (Michelle Nicholson-Burr)
Medicine and Clinical Support Services (To'a Fereti)
Mental Health (Anne Brebner)
Primary and Intergrated Care (Karyn Sangster)
Surgery & Ambulatory Care (Jacqui Wynne-Jones)
Ko Awatea (Bernadette Country)
Director of Nursing (Denise Kivell)

Email Address (Required)

Mobile Phone (Required)

Applicant Agreement

Do you agree to the following terms?

- CM Health can release this information to HWNZ for reporting and auditing purposes in accordance with the Privacy Act (1993).
- The university/technical institute can inform the NETP coordinator and/or educator if it appears you are struggling to meet the assessment criteria so that additional support can be initiated if required.
- CM Health can seek confirmation of course completion and results from the university/technical institute involved.

I agree (Required)

Submit

Notice below is to pop up on applicant's screen once submitted

A copy of your form will be sent to the email address provided.

If you have not received a copy within 24 hours contact Geraldine Armstrong on geraldine.armstrong@middlemore.co.nz.