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**Nursing Studies**

**Form RPE1: Recognition of Prior Practice Experience**

**PLEASE COMPLETE 1 COPY OF THIS FORM FOR EACH AREA OF EXPERIENCE YOU HAVE UNDERTAKEN**

You must be able to demonstrate that you have undertaken a **minimum of 150 hours** or practice learning prior to making your application.

**This form should be completed and uploaded with your application.**

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| **Date from:**  **to:** | **Area of work:**  Give a brief description of the area of work and whether it was voluntary or professional | **Number of hours:** |
| **Please describe how the activities you undertook relate to the following areas of care. It is not expected that you will fully demonstrate experience relating to all areas equally as this will vary depending on the context of care experience:** | | |
| **Being an accountable professional:** | *Acting in the best interests of people in your care. Providing safe, person-centred care. Communicating effectively and taking responsibility for your actions.* | |
| **Promoting health and preventing ill health:** | *Support people to make informed choices about managing health challenges. Engagement in activities to promote public health, community development and reduce health inequalities.* | |
| **Assessing needs and planning care:** | *Involvement in discussion with staff and patients about patients’ needs and what care is required to meet these needs.* | |
| **Providing and evaluating care:** | *Providing care to people, families and others requiring support. Working in partnership with people, families and carers to evaluate whether care has been effective and met the person’s goals.* | |
| **Leading and managing care and working in teams:** | *Experience of working as part of a team with people from different disciplines. Opportunities to lead teams, delegate and supervise the work of others.* | |
| **Improving safety and quality of care:** | *Involvement in assessment and management of risk.* | |
| **Co-ordinating care:** | *Involvement with the management and coordination of care for people.* | |
| **Contact details of someone who we can contact to verify this:** |  | |