

Supporting admissions information form for Adult Critical Care Modules

This form enables us to ensure all course entry requirements are met. It is therefore essential that all sections of the form are fully completed, and the relevant signatures obtained.

Name of the student applying for the course _____

Section 1 - Supporting statement from your identified Lead Practice Assessor

The adult critical care modules include competency development and assessment, and students will require support from identified practice assessor(s) in the clinical setting. Please complete the following boxes to confirm you are able to undertake this role:

- I agree to provide supervised learning support and assessment in practice and to complete the student's competency assessment document.
- I confirm that I am experienced in caring for Level 3 patients and have successfully completed Steps 2 and 3 of the National Competency Framework for the Registered Nurses in Adult Critical Care (2015)

Signed _____ Date _____

Name _____

Job Title _____

Work Telephone _____ Mobile _____

Work Email _____

Section 2 - Supporting organisation details

To be completed by the relevant **Critical Care Lead Nurse/Manager/Deputy Manager** in the supporting organisation

Applicants for the Adult Critical Care Foundation Course (Step 1)

1. Please confirm the applicant's work setting during the course (please tick as appropriate):
- Applicant's usual place of work is a Level 3 ICU setting** and they will remain there for the duration of the module.
 - Applicant's usual place of work is a high dependency unit/Level 2 facility.** They will be provided with the appropriate placement time and supervision in a Level 3 setting to achieve their level 3 ICU competencies.
 - Other arrangements:** please state below:
- Not applicable.

Applicants for the Adult Critical Care Patient Assessment and Patient Management Modules (Steps 2 and 3)

2. Please confirm the applicant meets the following criteria if applying for the Adult Critical Care Patient Assessment and Management modules:
- Has successfully completed the Step 1 competencies, as per the National Competency Framework for Registered Nurses in Adult Critical Care (2015).
 - Applicant's usual place of work is a Level 3 ICU setting** and they will remain there for the duration of the module.
 - Other arrangements:** please state below:
- Not applicable.

Practice supervision and practice assessment arrangements

3. I confirm that supervised practice, with access to an appropriate Practice Assessor, has been arranged to support learning in practice and assessment of the competencies, as indicated in section 1 of this form.

Signed _____ Date _____

Name & Work Email (in print) _____

Designation _____

Employing Organisation _____