

COMPETENCY STATEMENT (NHS Staff ONLY)

ASSESSOR Statement

I confirm that _____ has demonstrated the required competence in _____

Signature of assessor:

Name (print):

Position:

Date of completion

PRACTITIONER statement:

I am satisfied that I am competent in

I also undertake to maintain my competency in this area of practice / in accordance with the NMC Code (2008) / other regulatory body and will demonstrate my ongoing competence to a clinical work-based assessor as required by NHS Lothian.

Signature

Print Name:

Title/Grade

Clinical area.

Date of completion

MANAGER statement:

I confirm that the above participant has met the required standard of competence for _____ in children and young people and therefore can undertake this role in practice.

Signature of Charge Nurse/Manager

Print:

Position

Date

**Please retain this for your own records and give a copy to your manager to be inserted in your personnel file.
Your manager will also log completion of clinical competencies in your personnel file.**