

**Practice Educator Self Declaration Form
(HPC Registered programmes)**

Surname:	Forename(s):
Dept & Ward/Unit:	Job Title/Designation:
Professional Qualification:	Part of HPC register: HPC Pin Number:
Practice educator/teacher qualifications/certificates:	Dates of Practice educator/teacher qualifications/certificates:

Please consider the following statements	
1. I have current professional registration with the HPC. Date of Expiry:	Yes / No
2. I have completed all elements of an accredited course or received relevant professional training to become a practice educator.	Yes / No
3. I have been involved in supervising/assessing students within the past 3 years. Date of last assessment.....	Yes / No
4. I am able to demonstrate that I have regularly updated my knowledge and practice through CPD.	Yes / No
5. I have attended 'refresher' training in relation to practice education within the past 3 years. Date:.....	Yes / No

If you have answered **YES** to all the statements then please sign the declaration below.

I declare that I meet the HPC/Education Providers requirements of a practice educator and can be recorded as an 'active' practice educator on the local register.	
Signature:	Date:

If you have answered **NO** to any of the statements and you supervise/assess students in your field of practice you will need to complete the learning plan on the reverse to demonstrate that you are working towards meeting the appropriate requirements to fulfil this role.

Thank you for your co-operation please forward the completed form to:

The Learning Environment Team, Education Centre, St. Mary's Hospital, Newport,
Isle of Wight, PO30 5TG
Tel: 01983 822099 Ext: 5358 or 6428

Indicate how you plan to meet any identified learning needs:

By when:

Please ensure your line manager is aware of these learning needs.