



**Application Form for Non-Medical Practitioners to undertake Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Decision Making & Communication for Adults by Non-Medical Practitioners.**

Please store this completed form in the practitioner's personal file.

<b>Name of Practitioner</b>	
<b>Profession</b>	
<b>Department</b>	
<b>Ward or Clinical setting</b>	
<b>Assessor's Name</b>	
<b>Assessor's Profession</b>	
<b>Assessor's contact details</b>	
<b>Relationship to practitioner e.g. Professional Lead</b>	
<b>Mentor identified (may be assessor above)</b>	
<b>Rationale for applying for this extended role (how this will benefit patient care and the strengths the practitioner bring to the role)</b>	
<b>Scope of practice within the MDT has been agreed locally; process for escalation of any issues and review is in place.</b>	

Signature of Professional Lead	
<b>Application and support agreed with the responsible medical clinician within the clinical team</b> Signature of Professional Lead	

I undertake to complete the necessary educational preparation for this extended role and to maintain my competency in this area of practice in accordance with the NMC Code (2015) or HCPC Standards of CPD (2011) and will demonstrate my ongoing competence to a clinical work- based assessor as required by NHS Lothian.

**Signature Applicant**

**Date**

<b>Outcome Decision</b>	<b>Support Decline</b>  <b>Date</b>  <b>Signature</b>
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Post decision

<b>Self Assessment completed</b>	<b>Date:</b>
<b>Review of self assessment and agreement of training required</b>	<b>Date:</b>
<b>Learning plan completed and signed off</b>	<b>Date:</b>
<b>Agreement date role will commence</b> <b>Signature of Professional Lead</b>	<b>Date</b>