

# TEMPLATE

Western Australian Nurse Practitioner Designation Application

Template



# Nurse Practitioner Designation Application

Health Service/  
Organisation

< Insert health service applying for designation >

Area for Designation

< Insert area of designation >

Expected Benefits

< Describe the expected benefit of introducing the role >

Scope of Practice

< Describe the Scope of Practice >

Indemnity

< Provide details of the professional indemnity arrangements >

Clinical Governance

The health service/organisation agrees that the Western Australian clinical governance framework will be adopted. The health service/organisation must ensure the protection of established high standards, promote and support a learning environment and assure clinical decisions are based on currently available evidence of effectiveness. The Health service/organisation commits to a model of continuous improvement.

Evaluation and  
Reporting

The health service/organisation agrees to audit, evaluate and report annually on the service in the designated area. The evaluation is to be based on the Western Australian clinical governance framework by the Office of Safety and Quality in Health Care, Department of Health.

The health service/organisation is required to forward their evaluation report annually to the Office of the Chief Nursing Officer, Department of Health, Western Australia.

Job description

< Attach job description >

Clinical Guidelines

< Attach clinical guidelines >



# Nurse Practitioner Designation Application

## Authorisation

### Director of Nursing

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

### Area Director of Nursing

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

### Authorising Officer - Most Senior Officer in the health Service/Organisation

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



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## Further information

Department of Health (Western Australia)  
Office of the Chief Nursing Officer

Postal Address: PO Box 8172, Perth Business Centre  
Western Australia 6849

Phone: (08) 9222 4075

Fax: (08) 9222 4467

Email: [ocno@health.wa.gov.au](mailto:ocno@health.wa.gov.au)

Web site: [www.ocno.health.wa.gov.au](http://www.ocno.health.wa.gov.au)



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