

Health & Fitness Curriculum Area

Certificate in Nursing Programme (CAP)

CAP Application Document

CONFIDENTIAL

Full Name: _____

Address: _____

Date of Birth: _____ *The above details are to be completed by the applicant.*

Please see notes over page before completing this form.

Please place a cross (x) on the scale to indicate your assessment of the applicant in relation to each of the qualities.

PERSONAL QUALITIES:

Honest	_____	_____	_____	_____	_____	_____	Dishonest
Mature	_____	_____	_____	_____	_____	_____	Immature
Reliable	_____	_____	_____	_____	_____	_____	Unreliable
Well groomed	_____	_____	_____	_____	_____	_____	Untidy
Tolerant	_____	_____	_____	_____	_____	_____	Intolerant
Accepts responsibility	_____	_____	_____	_____	_____	_____	Avoids responsibility

Comments:

INTERPERSONAL RELATIONSHIPS:

<i>Relationships with peers</i>	Friendly, supportive	_____	_____	_____	_____	_____	Domineering or withdrawn
<i>Relationships with people with authority</i>	Open, constructive	_____	_____	_____	_____	_____	Tense, defensive
<i>Consideration for others</i>	Accepting, considerate	_____	_____	_____	_____	_____	Self centred, judgemental
<i>Communication skills with others</i>	Effective, clear	_____	_____	_____	_____	_____	Vague, inconsistent

Comments:

ATTITUDES TO WORK/STUDY:

<i>Perseverance</i>	Appropriately persistent	_____	_____	_____	_____	_____	Easily distracted
<i>Cooperation with others</i>	Participative	_____	_____	_____	_____	_____	Isolated
<i>Application to work/study</i>	Excellent	_____	_____	_____	_____	_____	Poor
<i>Acceptance of correction</i>	Accepting questions appropriately	_____	_____	_____	_____	_____	Resistant, defensive
<i>Initiative</i>	Motivated, appropriately independent	_____	_____	_____	_____	_____	Awaits direction
<i>Information seeking</i>	Enquiring	_____	_____	_____	_____	_____	Uninterested

Comments:

Is attendance pattern acceptable? YES/NO

If NO **Comments:**

Are you aware of any learning disabilities the applicant may have for e.g. Dyslexia, challenges with numeracy etc.?

Do you consider the applicant able to undertake 12 week programme of intensive study and a significant clinical component?
YES/NO

Comments:

Is the information in the "Report on Applicant" to be kept confidential from the applicant? YES/NO

Signature	_____	Date	_____
Name	_____	Company	_____
Address	_____	Position	_____
Relationship to applicant (e.g. employer, teacher etc.) _____			

<p>For School Principals: <i>(Please Tick)</i></p> <p><input type="checkbox"/> Recommended</p> <p><input type="checkbox"/> Recommended with reservation</p> <p><input type="checkbox"/> Not recommended</p> <p>Signed: _____</p>

NOTES:

- 1 The statement which schools provide for school leavers is an acceptable alternative to this report.
- 2 The information and opinion provided in this report constitute "personal information" in terms of the Privacy Act 1993. The person about whom this information and opinion are provided (the applicant) is entitled to have access to this report under IPP6 and to seek correction of this report under IPP7. Information or opinion provided in this report may be disclosed under IPP11 to the applicant and members of the Selection Committee.

PLEASE RETURN THIS FORM DIRECTLY TO:
 Health & Fitness Curriculum Area
 Nelson Marlborough Institute of Technology
 Private Bag 19
 NELSON 7042