

# Competence Assessment Programme (CAP) Application Form



*Office use only*  
Applicant number:  
Enquiry Date:

**Personal Details:**

<b>Family Name:</b>	<b>First Name(s):</b>
<b>Preferred Name:</b>	
<b>Date of Birth:</b>	<b>Gender:</b> Female <input type="checkbox"/> Male <input type="checkbox"/> <i>*optional</i>
<b>Email:</b>	<b>Phone:</b>
<b>Country of Birth:</b>	<b>Passport Expiry Date:</b>
<b>Current Country of Residence:</b>	<b>NZ Visa Expiry (if applicable):</b>

**New Zealand Nursing Council:**

<b>Reference Number:</b>	<b>CAP Letter Expiry Date:</b>
<b>General &amp; Obstetric Setting:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	

**English Language:**

<b>IELTS:</b>		L:	R:	W:	S:	Band		<b>Date:</b>
<b>OET:</b>		L:	R:	W:	S:			<b>Date:</b>

**Employment:**

<b>Bachelor of Nursing:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Year Completed Degree:</b>
<b>4 Years Clinical Experience:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Nursed within last 24 months:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Please detail your nursing clinical practice experience in date order (most recent first):</i>	
<b>Employer:</b> <b>Area:</b> <b>Position:</b> <b>From – Month/Year</b> <b>To – Month/Year</b>	<b>Employer:</b> <b>Area:</b> <b>Position:</b> <b>From – Month/Year</b> <b>To – Month/Year</b>
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## Emergency Contact(s):

<b>Name:</b>	<b>Name:</b>
<b>Relationship to you:</b>	<b>Relationship to you:</b>
<b>Phone:</b>	<b>Phone:</b>
<b>Email:</b>	<b>Email:</b>

## Conflict of interest:

Do you know anyone that has completed the CAP course at Rannerdale or an employee that works at Rannerdale?

Yes  No

Details (if you answered yes – including name and intake) \_\_\_\_\_

## Costs:

**Course fees are \$10,500 all inclusive.**

**Onsite accommodation is available – further information is available on this option on our website.**

## Checklist:

Please email in a copy of the documents below to [cap@rannerdale.co.nz](mailto:cap@rannerdale.co.nz)

- Completed Application Form (please send both pages in **one** file)
- Competency Assessment Programme acceptance letter from New Zealand Nursing Council
- A copy of your passport (and Visa if already in New Zealand)
- OET or IELTS results
- Curriculum Vitae
- Letters of employment (containing employment commencement and finish dates), stating the responsibilities of the position held

*Office use only:*

Additional Comments:

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Application **Accepted**

Application **Declined**

CAP Coordinator Signature: \_\_\_\_\_

Date: \_\_\_\_\_