

Competence Assessment Programme (CAP) Application Form



Office use only
Applicant number:
Enquiry Date:

Personal Details:

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

New Zealand Nursing Council:

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

English Language:

IELTS:		L:	R:	W:	S:	Band		Date:
OET:		L:	R:	W:	S:			Date:

Employment:

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

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Emergency Contact(s):

Name:	Name:
Relationship to you:	Relationship to you:
Phone:	Phone:
Email:	Email:

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

- 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

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Additional Comments:

Application **Accepted**

Application **Declined**

CAP Coordinator Signature: _____

Date: _____