**Advanced Practitioner – Portfolio Evidence**

This form should be completed with reference to the [Advanced Practitioner Guidance](https://blogs.glowscotland.org.uk/glowblogs/public/fvpp/uploads/sites/9924/2023/04/03110224/Advanced-Practitioner-Guidance-Falkirk-SW-and-OT-Final-27032023-002.pdf)

|  |
| --- |
| 1. **Personal information**
 |
| **Name:** |  |
| **Post held:** |  |
| **Service:** |  |
| **Qualification date:** |  |
| **Length of post qualifying experience:** |  |
| **Good Conversations****Annual Conversations Form attached**  | **YES** [ ] **NO** [ ] **(please note the Good Conversations Form must be attached for consideration of your portfolio)** |
| **Email:** |  |
| **Mobile:** |  |
| **Line Manager:** |  |
| **Line Manager email:** |  |
| **Line Manager Mobile:** |  |

1. **Details of any Post Graduate Qualification Awards held (SCQF Level 10 and 11 or equivalent). See** [**SCQF**](https://scqf.org.uk/support/support-for-individuals/) **for details of qualification levels and if qualifications obtained out with Scotland**

|  |  |  |
| --- | --- | --- |
| **Award date** | **Post Graduate Qualification held** | **Academic Institution** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Two Practice Examples evidencing how Advanced Practitioner criteria is met**

Advanced Practitioner – Social Workers and Occupational Therapist

The progression to an Advanced Practitioner role within Social Work is based on a Social Worker / Occupational Therapist practicing at a higher level of competence derived from the accumulation of experience, level of expertise (academic **and** developmental) and the ability to confidently engage with situations that present greater risk and complexity.

‘Higher level of competence’ will be directly relevant to the service area in which the Social Worker / Occupational Therapist works and will look differently depending on the functional area of need and practice.

|  |
| --- |
| **Practice example one** – in no more than 500 words please evidence how your practice meets the Advanced Practitioner criteria above. This should include the impact of the application of your knowledge, skills and experience in practice on the people you work with and on team members. |
| ***This box will automatically expand as you type.*** |

|  |
| --- |
| **Practice example two** – in no more than 500 words please evidence how your practice meets the Advanced Practitioner criteria above through your ability to mentor, coach or facilitate the professional development of colleagues. |
| ***This box will automatically expand as you type.*** |

1. **Declaration**

I confirm that the information given is genuine. I understand that my application will be withdrawn if any aspect of it is found to have been falsified.

1. **Applicant’s Signature**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Line Manager supporting statement**

**Please complete the supporting statement section below** to enable us to evaluate the employee’s competency and suitability for Advanced Practice.

Your statement should cover details such as how long you have known the employee and knowledge of their practice at a higher level of competence. Reference should also be made to employee development review / Good Conversation and commitment to continuous professional development.

I confirm the information provided by the applicant is an accurate reflection of their current practice.

**YES** [ ]  **NO** [ ]

|  |
| --- |
| **Line Managers Supporting statement** |
| ***This box will automatically expand as you type.*** |

1. **Line Manager’s Signature**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_