

Trikki Kidz Early Learning Group

Credentialing and Scope of Practice Confirmation Form

To be completed by all Trikki Kidz Pty Ltd clinicians in line with their Position Description and Role Responsibilities and approved by their Manager

- At commencement of employment
- Yearly during IPDR process
- At time any change to clinical scope of practice

Personal Details:

Staff ID number		Updates if required - comment
Name		
Clinical Position		
Clinical Program		
Manager		

Trikki Kidz Pty Ltd roles requiring professional credentials (qualifications)

Where a role will benefit from the skills and background knowledge of a formally trained individual, but a variety of backgrounds are needed within the team, credentials will be noted but ongoing professional registration will not be required. *E.g. Support Coordinator, Manager, Team leader*

Title of the professional qualification I have completed	Year completed	Evidence provided for my file? (if available)

Additional credentials required for extension to scope of practice

Where a Trikki Kidz Pty Ltd health professional is required to perform within an extended scope of practice, the relevant credentials are to be verified by the manager. The approved extension to the scope of practice must be documented within the individual's position description and monitored via routine supervision.

Title of the additional professional qualification/certificates I have completed	Year completed	Evidence provided for my file - Mandatory

Trikki Kidz Pty Ltd roles requiring current professional registration:

Some trained health professionals are not required to maintain a registration with their peak body. However, they may be required to maintain their individual eligibility for registration (professional development and skills). From an administrative perspective Trikki Kidz Pty Ltd only records these professions as 'credentials' unless the individual chooses to maintain a formal registration. *E.g. Social Worker or Dietician.* Where a role requires the ongoing currency of skills of a particular professional training (for direct clinical support of Trikki Kidz Pty Ltd clients or clinical supervision of other Trikki Kidz Pty Ltd registered health professionals), this will be noted within their position description and title. *E.g.: Support coordinator – nurse, Psychological strategies clinician – psychologist, Team leader – nurse, Clinical lead – dental.* Where a dual registration is required for a Trikki Kidz Pty Ltd role (*e.g. 'Accredited Mental Health Nurse', 'Accredited Diabetes Educator' or 'Dental irradiating operator'*), Trikki Kidz Pty Ltd will record both registrations annually.

Professional Registration number	Expiry date	Evidence provided for my file – Mandatory (eg copy of registration or screen shot from AHPRA)

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Clinician declaration:

I have provided the above information and confirm that it is correct.

Clinician

Signature _____ **Date:** / /

Manager confirmation:

I have checked the above information and confirm that it is accurate to the best of my knowledge:

Manager

Signature _____ **Date:** / /

New application for extension to scope of practice

Additional credentials required for extension to scope of practice

Where a Trikki Kidz Pty Ltd health professional wants to or is required to take up an extended scope of practice, the relevant credentials are to be verified by the manager in consultation with the appropriate Trikki Kidz Pty Ltd Clinical Lead.

The approved extension to the scope of practice must be documented within the individual's position description and monitored via routine supervision.

Title of the additional professional qualification/certificates I have completed	Year completed	Evidence provided for my file - Mandatory

Clinician declaration:

I have provided the above information and confirm that it is correct.

Clinician

Signature _____ **Date:** / /

Trikki Kidz Pty Ltd Clinical Lead confirmation:

I have liaised with the clinician and manager and confirm that the above application for extended scope of practice is in line with industry standards and that there are appropriate systems and processes in place to provide appropriate supervision to support this extended scope.

Clinical Lead

Signature _____ **Date:** / /

Manager confirmation:

I have checked the above information and confirm that it is accurate to the best of my knowledge.

Manager

Signature _____ **Date:** / /