

<b>Guide to completing practice hours log</b>  <p>To record your hours of practice as a registered nurse and/or midwife, please fill in a page for each of your periods of practice. Please enter your most recent practice first and then any other practice until you reach 450 hours. You do not necessarily need to record individual practice hours. You can describe your practice hours in terms of standard working days or weeks. For example if you work full time, please just make one entry of hours. If you have worked in a range of settings please set these out individually. You may need to print additional pages to add more periods of practice. If you are both a nurse and midwife you will need to provide information to cover 450 hours of practice for each of these registrations.</p>	<b>Work setting</b> <ul style="list-style-type: none"> <li>Ambulance service</li> <li>Care home sector</li> <li>Community setting (including district nursing and community psychiatric nursing)</li> <li>Consultancy</li> <li>Cosmetic or aesthetic sector</li> <li>Governing body or other leadership</li> <li>GP practice or other primary care</li> <li>Hospital or other secondary care</li> <li>Inspectorate or regulator</li> <li>Insurance or legal</li> </ul>	<ul style="list-style-type: none"> <li>Maternity unit or birth centre</li> <li>Military</li> <li>Occupational health</li> <li>Police</li> <li>Policy organisation</li> <li>Prison</li> <li>Private domestic setting</li> <li>Public health organisation</li> <li>School</li> <li>Specialist or other tertiary care including hospice</li> <li>Telephone or e-health advice</li> <li>Trade union or professional body</li> <li>University or other research facility</li> <li>Voluntary or charity sector</li> <li>Other</li> </ul>	<b>Scope of practice</b> <ul style="list-style-type: none"> <li>Direct clinical care or management</li> <li>Commissioning</li> <li>Education</li> <li>Policy</li> <li>Quality assurance or inspection</li> <li>Research</li> <li>Other</li> </ul> <b>Registration</b> <ul style="list-style-type: none"> <li>Nurse</li> <li>Midwife</li> <li>Nurse/SCPHN</li> <li>Midwife/SCPHN</li> <li>Nurse and Midwife (including Nurse/SCHPN and Midwife/SCPHN)</li> </ul>
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Dates:	Name and address of organisation:	Your work setting (choose from list above):	Your scope of practice (choose from list above):	Number of hours:	Your registration (choose from list above):	Brief description of your work:

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