

HOSPITAL PLAY SPECIALIST REGISTRATION COUNCIL  
EVIDENCE TEMPLATE

**Professional and Service Development Projects for PD requirements**

*(This template is provided as guidance for the evidence that should be held within a professional portfolio for verification of your PD record prior to being submitted for Registration)*

Please provide the following information:

*Name of the person submitting PD:*

*NZHPSReg No*

*Identify others involved in project:*

Summary of project:

Outline of the HPS role and actions achieved:

Link this to current role and goals:

Notes from report back:

Presented to:

Date:

Verification by professional leader/manager:

*signature*

*( print name/role)*