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|  |  | Organisation Headed Paper/Address |
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| Tel: |  |
| e-mail: |  |
| Date: |  |
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| For the attention of XXXXX |
| Subject Administrator |
| School of Social Sciences |
| Health and Allied Professions Centre, Clifton Campus |
| Clifton Lane, |
| Nottingham  |

NG11 8NS

Dear Course Leader,

Re: Independent/Supplementary Non-medical Prescribing

We are writing to advise that [name of organisation] are supporting the candidate [Name] [Role] to study on the Independent/supplementary non-medical prescribing course at the Institute of Health and Allied Professions, Nottingham Trent University.

I confirm that [Name]

* Has a suitable knowledge, skills and experience to undertake the prescribing course. They are proficient in health assessment, diagnostic/management and planning/evaluation to permit safe and effective prescribing.
* Is working in a role that requires them to prescribe
* Has the opportunities for protected learning time to meet prescribing course requirements
* We are able to identify a suitable practice assessor and practice supervisor to support and assess the candidate in practice

Yours sincerely

Name of line manager/directorate manager