|  |  |  |
| --- | --- | --- |
|  |  | Organisation Headed Paper/Address |
|  |  |
| Tel: |  |
| e-mail: |  |
| Date: |  |
|  |  |
|  |  |
|  | |
| 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 for the required 90 hours of supervised practice.
* I can confirm that the learning environment is appropriate for this candidate to experience the practice-based learning required to assist them in achieving the learning outcomes for this course and that the student will be appropriately supervised as required.

Yours sincerely

Name of line manager/directorate manager