

Independent & Supplementary Non-Medical Prescribing
HEA00151H HEA00120M

Manager Authorisation

As the applicant's manager I have discussed this application with the named person and consider it in their interest to undertake this module/programme of study.

I confirm my support for this applicant to attend for the duration of the module/programme of study and where feasible work patterns will be adjusted to support attendance.

I certify that the applicant demonstrates the values of the NHS constitution within their current working practices.

Please use **BLOCK capitals** and ensure handwritten content is legible.

Name of Applicant	
Applicants PSRB	
Supporting Managers/Employers Signature	
Supporting Managers/Employers Name	
Date	DD/MM/YYYY

It is the applicant's responsibility to ensure the information required in this form is complete and legible before submission. Failure to do so may result in the application being rejected.