

Independent & Supplementary Non-Medical Prescribing  
HEA00151H HEA00120M

## Organisation Training or Learning and Development Department Authorisation

I confirm that the NAMED applicant has been granted organisational approval to undertake this module/programme of study.

Please use BLOCK capitals and ensure handwritten content is legible.

<b>Name of Applicant</b>	
<b>Applicants PSRB Pin Number</b>	
<b>Organisation Training or Learning and Development Lead Name</b>	
<b>Organisation Training or Learning and Development Lead Signature</b>	
<b>Date</b>	DD/MM/YYYY
<b>Place of study if not your normal place of work</b>	
<b>Agreed place for period of learning in practice</b>	
<b>Placement address</b>	
<b>Placement dates</b>	

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.