

Independent & Supplementary Non-Medical Prescribing
HEA00151H HEA00120M

Confirmation of Support

I confirm that the NAMED applicant will undertake their learning in practice in an environment that has the governance and resources needed to deliver education and training and that the student will be actively supported to participate in their own learning.

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

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|---|--|
| Name of Applicant | |
| Applicants PSRB Pin number | |
| Name of Person Declaring Support | |
| Relationship to Applicant (i.e. Designated Prescribing Practitioner, Clinical Manager etc) | |
| Length of time known in this capacity | |
| Professional, Regulatory, Statutory body registration of signatory (GMC/HCPC/NMC etc) | |
| PSRB Pin Number | |

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.