

Declaration from proposed Practice Supervisor

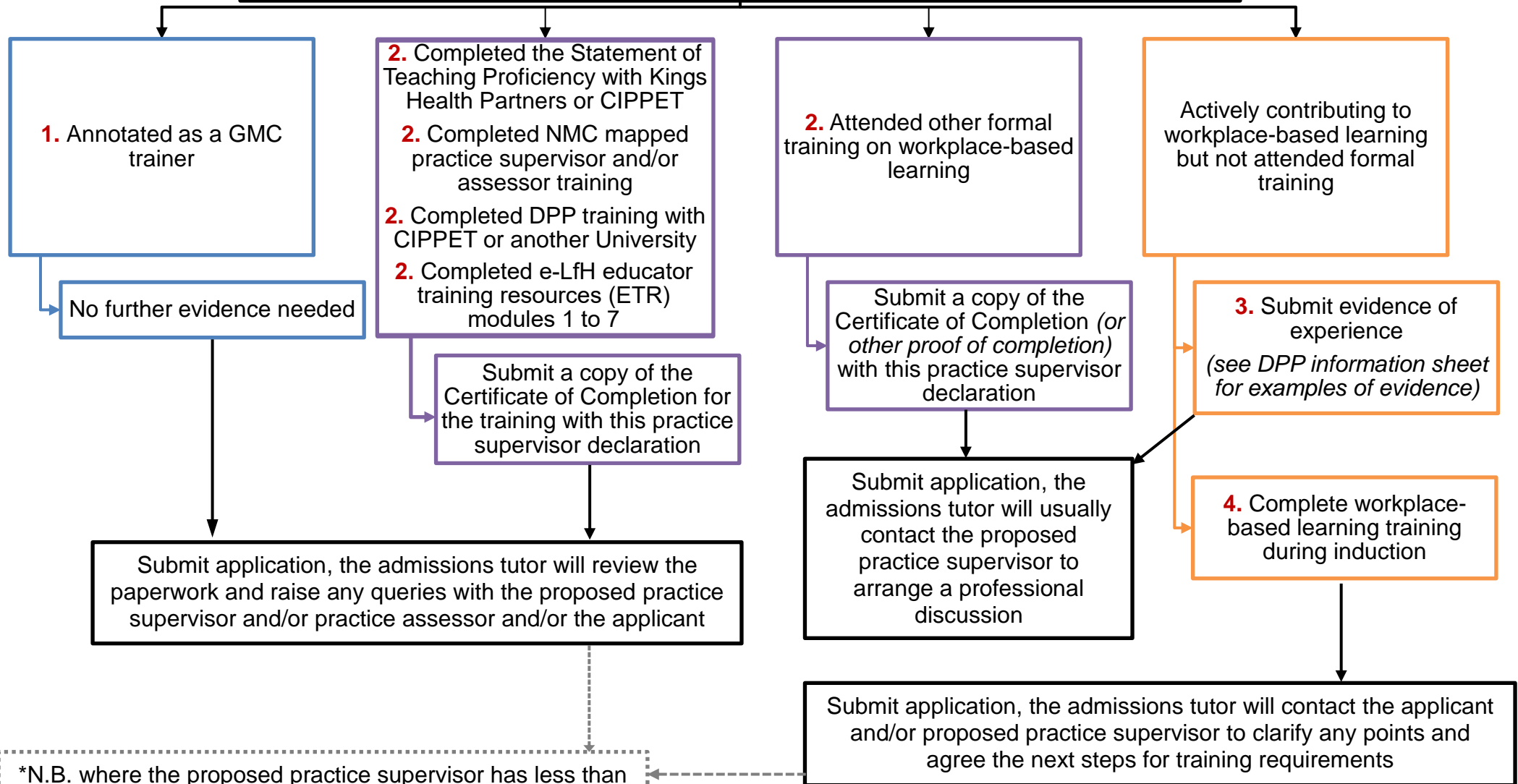
(for nursing students only)

Applicant: you need to upload a signed copy of this form with your online application.

Proposed practice supervisor: please complete this declaration which is aligned to [The Competency Framework for Designated Prescribing Practitioners](#)

I declare the following in connection with my proposed role for the following applicant:			Yes	No
Knowledge/skills	I am an experienced prescriber in a patient-facing role with:	at least 3 years recent prescribing experience or one to three years recent prescribing experience*	<input type="checkbox"/>	<input type="checkbox"/>
	I am an active prescriber in a patient-facing role, consulting with patients and making prescribing decisions based on clinical assessment, in the applicant's scope of practice		<input type="checkbox"/>	<input type="checkbox"/>
	I have up-to-date patient-facing, clinical and diagnostic skills in the applicant's scope of practice		<input type="checkbox"/>	<input type="checkbox"/>
	I regularly reflect and audit my prescribing practice to identify my developmental needs, including recording continuing professional development (CPD) on the knowledge and skills for this role as a practice supervisor		<input type="checkbox"/>	<input type="checkbox"/>
	I confirm I meet all the competencies in The Competency Framework for all Prescribers		<input type="checkbox"/>	<input type="checkbox"/>
Partnerships	I agree to support and supervise the applicant in the workplace, providing feedback on their progress towards, and achievement of, knowledge, skills and behaviours		<input type="checkbox"/>	<input type="checkbox"/>
	I agree to work in partnership with the applicant, other practitioners and supervisors, and the programme team to confirm the competence of the applicant		<input type="checkbox"/>	<input type="checkbox"/>
	I agree to facilitate multidisciplinary team approaches to training		<input type="checkbox"/>	<input type="checkbox"/>
	I agree to supervise the applicant for 33% to 50% of their hours of learning in practice		<input type="checkbox"/>	<input type="checkbox"/>
Governance	I will ensure that the period of supervised learning in practice is normally completed within a six to ten-month period from commencement of the programme		<input type="checkbox"/>	<input type="checkbox"/>
	I have been provided with information previously, or by the applicant, about the role		<input type="checkbox"/>	<input type="checkbox"/>
	I have the support of my employing organisation to act in this role		<input type="checkbox"/>	<input type="checkbox"/>
	Whilst supporting this applicant, how many other prescribing students will you be supporting as a DPP//practice supervisor			
	I work within the same organisation and clinical area as the applicant		<input type="checkbox"/>	<input type="checkbox"/>
	In line with University regulations I confirm I am not in an intimate relationship with, or closely related to, the applicant		<input type="checkbox"/>	<input type="checkbox"/>
	In line with my professional code of conduct I agree to be honest and objective in assessing performance and writing references		<input type="checkbox"/>	<input type="checkbox"/>
	In line with my professional code of conduct I agree to raise concerns about the conduct and competence of others		<input type="checkbox"/>	<input type="checkbox"/>
	I am aware that if at any time I feel I do not have the competence or confidence to continue in this role I should discuss this urgently with the programme team		<input type="checkbox"/>	<input type="checkbox"/>
Experience	I agree to undertake a University induction for this programme		<input type="checkbox"/>	<input type="checkbox"/>
	I have previously undertaken the role of practice supervisor for a nurse prescribing trainee		<input type="checkbox"/>	<input type="checkbox"/>
	I have previously undertaken the role of Designated Medical Practitioner (DMP), Designated Prescribing Practitioner (DPP), HCPC Practice Educator or NMC Practice Assessor for a prescribing trainee		<input type="checkbox"/>	<input type="checkbox"/>
	I have experience of teaching and/or supervising workplace-based learning		<input type="checkbox"/>	<input type="checkbox"/>
	I have experience of conducting assessment of trainees in clinical practice		<input type="checkbox"/>	<input type="checkbox"/>
Contact details	Please choose one of these options <i>(see overleaf for details)</i>	1. I have annotation as a GMC trainer or	<input type="checkbox"/>	<input type="checkbox"/>
		2. I will provide evidence of previous training or	<input type="checkbox"/>	<input type="checkbox"/>
		3. I will provide evidence of my relevant experience or	<input type="checkbox"/>	<input type="checkbox"/>
		4. I agree to complete workplace-based learning training during induction	<input type="checkbox"/>	<input type="checkbox"/>
Contact details	Name			
	Healthcare profession		Registration number	
	Work email address		Work phone number	
	Work address			
	Signature		Date	

Evidence to map to *The Competency Framework for Designated Prescribing Practitioners*



*N.B. where the proposed practice supervisor has less than three years prescribing experience, they will need to have a professional discussion with the admissions tutor