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**Certificate in Emergency Nursing**

**Applicants Name:** ……………………………………

**Work Location:..........................................**

**Grade: ......................................................**

**NMBI PIN: .................................................**

**To be completed by Line Manger (ADoN or above):**

I confirm that ……………………………. (applicant’s name) has been approved to undertake the Certificate in Emergency Nursing course commencing on …………………………

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that ……………………………. (Applicant’s name) will be employed in an Emergency Department for the duration of the Certificate in Emergency Nursing course.

Signature of ADON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of ADON in block capitals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by the applicant:**

I confirm that I have identified a suitably qualified clinical practice supervisor (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)\* to assess and support me during the Certificate in Emergency Nursing course.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* Please Print in Block Capitals the name of the supervisor here.**