



Certificate in Acute Medicine 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 Acute Medicine Nursing course commencing:

Autumn / Spring (please specify): Year:

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.

Signed: _____

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: _____

* insert the name of the supervisor here.