**Director of Midwifery Support**

Dear Course Director,

Student Name (PRINT NAME):

**Please indicate programme/route:**

MSc Advanced Practice (Midwifery)

Postgraduate Diploma in Advanced Practice (Midwifery)

Postgraduate Certificate in Advanced Practice (Midwifery)

Organisation:

I am agreeing to support the above student to complete the Advanced Practice (Midwifery) programme. I understand that this support includes the following (please tick  all that apply):

* Support opportunities for professional teaching and learning in their relative speciality
* Support the student working at an advanced practice level under clinical and professional supervision
* Provide and document timely and necessary feedback to the student where required
* Communicate with the Course Director and/or Module Leader as required
* Support AMP development

Yours sincerely,

Signature

PRINT NAME