**Director of Nursing Support**

Dear Course Director,

Student Name (PRINT NAME):

**Please indicate programme/route:**

MSc Advanced Practice (Nursing)

Postgraduate Diploma in Advanced Practice (Nursing)

Postgraduate Certificate in Advanced Practice (Nursing)

Organisation:

I am agreeing to support the above student to complete the Advanced Practice (Nursing) 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 as required

 Support ANP role development

Yours Sincerely

Signature

PRINT NAME