

## 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
<b>Knowledge/Skills</b>	I am an experienced prescriber in a patient-facing role with:		
	at least 3 years recent prescribing experience <i>or</i>	<input type="checkbox"/>	<input type="checkbox"/>
	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"/>
<b>Partnerships</b>	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"/>
	to ten-month period from commencement of the programme	<input type="checkbox"/>	<input type="checkbox"/>
<b>Governance</b>	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	<input type="checkbox"/>	<input type="checkbox"/>

<b>Governance</b>	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"/>
	I agree to undertake a University induction for this programme		<input type="checkbox"/>	<input type="checkbox"/>
<b>Experience</b>	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"/>
	Please choose one of these options (see <i>overleaf for details</i> )	1. I have annotation as a GMC trainer <b>or</b>	<input type="checkbox"/>	<input type="checkbox"/>
		2. I will provide evidence of previous training <b>or</b>	<input type="checkbox"/>	<input type="checkbox"/>
3. I will provide evidence of my relevant experience <b>or</b>		<input type="checkbox"/>	<input type="checkbox"/>	
4. I agree to complete workplace-based learning training during induction		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Contact Details</b>	Name			
	Healthcare Profession		Registration Number	
	Work Email		Work Phone Number	
	Work Address			
	Signature		Date	

