

Supporting Evidence Form

This form enables us to ensure all professional body requirements are met. It is therefore essential that all sections of the form are fully completed, the relevant signatures obtained, and required evidence attached. See the relevant professional standards:

NMC: Standards framework for nursing and midwifery education (general)

<https://www.nmc.org.uk/standards-for-education-and-training/standards-framework-for-nursing-and-midwifery-education/>



NMC: Standards for student supervision and assessment (general)

<https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/>



NMC: Standards for Prescribing Programmes (prescribing-specific)

<https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/standards-for-prescribing-programmes/>



RPS: Prescribing Competency Framework

<https://www.rpharms.com/resources/frameworks/prescribers-competency-framework>



Section 1: Applicant's Details:

Name of Applicant: _____

Applicant's Email: _____

NMC Registration / PIN: _____

Area of Work: _____

Organisation / Trust: _____

Organisation / Trust Address: _____

Section 2: Applicant's Line Manager Declaration

This is to confirm:

1. in collaboration with the Trust's Non-Medical Prescribing Lead, agree that there is a service-delivery need for the applicant to undertake the non-medical prescribing course within the applicant's workplace area,
2. there is adequate support for study and protected learning time,
3. suitable and effective arrangements are in place for practice-based learning, as per the NMC Standards,
4. There is an up-to-date educational audit for the workplace area (please attach).

Name of Line Manager: _____

Manager's Email: _____

Manager's Signature: _____

Date: _____

Section 3: Trust Non-Medical Prescribing Lead Declaration

This is the person within the organisation who is responsible for the implementation of the Trust's non-medical prescribing strategy. This person is not *usually* your named Practice Assessor, Supervisor(s), or line manager.

This is to confirm:

1. in collaboration with the applicant's Line Manager, agree that there is a service-delivery need for the applicant to undertake the non-medical prescribing course within the applicant's workplace area,
2. the Trust has adequate non-medical prescribing governance processes in place, including for practice-based learning arrangements.

Name of Prescribing Lead: _____

Prescribing Lead Email: _____

Prescribing Lead's Signature: _____

Date: _____

Section 4: Practice Assessor Declaration

NMC: Practice and Academic Assessment

<https://www.nmc.org.uk/supporting-information-on-standards-for-student-supervision-and-assessment/practice-and-academic-assessment/>



The NMC requirements for a Practice Assessor are that they are a 'registered healthcare professional and an experienced prescriber with suitable equivalent qualifications for the programme the student is undertaking'.

This is to confirm:

1. that the practice assessor fulfils the requirements set out in the NMC.

Practice Assessor Name: _____

Practice Assessor Email: _____

Practice Assessor Registration: _____
(NMC / HCPC / GMC details)

Practice Assessor Signature: _____

Date: _____

Please outline your experience in teaching, supervision and assessment of students: