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**Certificate in Pre-Admission 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 Certificate in Pre-Admission Nursing course commencing on ………………………… (start date).

Signed:

Date:

I confirm that ……………………………. (applicant’s name) will be employed in an AMU[[1]](#footnote-1) for the duration of the Certificate in Pre-Admission 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 Pre-Admission Nursing course.

Signed:

Date:

1. [↑](#footnote-ref-1)