

Independent and Supplementary Prescribing for Nurses and Midwives (V300): NW7033 / NW6033

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)
<a href="https://www.nmc.org.uk/standards-for-education-and-training/standards-for-education-an



NMC: Standards for Prescribing Programmes (prescribing-specific)
https://www.nmc.org.uk/standards/standards-for-post-registration/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 P	rescribing Lead Declaration
	nisation who is responsible for the implementation bing strategy. This person is not <i>usually</i> your named or line manager.
service-delivery need for prescribing course within the 2. the Trust has adequate n	applicant's Line Manager, agree that there is a the applicant to undertake the non-medical ne applicant's workplace area, on-medical prescribing governance processes in e-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





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