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| Florence Nightingale Faculty of Nursing, Midwifery & Palliative CareDepartment of Adult Nursing |
| **Practice Assessor Agreement Form**  Advanced Assessment Skills for Non-Medical Practitioners (7KNIP030) |

The role of the Practice Assessor (PA) is defined by the NMC, HCPC, GPhC and NHS England in relation to the professionals they govern and regulate and the supervision requirements for students undertaking advanced level modules.

1. Personal details [Table heading]

|  |  |
| --- | --- |
| Name of Student |  |
| Name of Assessor |  |
| Pin Number of Assessor (please indicate: GMC/NMC/HCPC/GPhC) |  |
| Email Address of Assessor |  |

Could you please supply the following information to assist in making sure the criteria for the supervision in practice of students is being met. Please tick in the appropriate boxes. Please indicate for each of the following criteria:

2 Doctors ONLY

|  |  |
| --- | --- |
| 1. is a specialist registrar, consultant or a GP within an NHS Trust or other NHS employer or other healthcare setting | Yes  No |
| 1. has at least 2 years clinical, assessment and treatment responsibilities for a group of patients/clients in the relevant field of practice | Yes  No |
| 1. has experience or training in teaching and/or supervision in practice | Yes  No |

3 Nurses, Midwives, Pharmacists and Allied Health Professionals:

|  |  |
| --- | --- |
| 1. is an Advanced Clinical Practitioner or an autonomous practitioner who is working at an Advanced Level | Yes  No |
| 1. has previously completed an advanced assessment skills module or equivalent and has at least 2 years’ experience within the relevant field | Yes  No |
| 1. has experience or training in teaching and/or supervision in practice | Yes  No |

I confirm that I agree to provide training opportunities, support and assessment for (insert student name) …………………………………………………...………………………. to complete the Advanced Assessment Skills for Non-Medical Practitioners module. (wet signature only).

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_