For partial funding of the programme (£500) from your General Practice Surgery

This section should be completed by the person (e.g. General Practitioner) who will be meeting the cost of £500 towards the programme.

Name	Click here to enter text.
Position	Click here to enter text.
Signature	
Address	Click here to enter text.
Postcode	Click here to enter text.
Trust / Practice area	Click here to enter text.
Telephone number	Click here to enter text.
Email address	Click here to enter text.
Date	Click here to enter a date.

RELEASE FROM PRACTICE FOR DURATION OF THE PROGRAMME

Line Manager / Employer agreement to a minimum release from practice for both taught theory and supervision in clinical practice (17 days taught theory (over 16 weeks) and one day per week of supervision within the clinical practice area (over 32 weeks).

As line manager, I confirm that the applicant will have / has:

- full release support.
- A valid registration on the Nursing and Midwifery Council register.

Name	Click here to enter text.
Position	Click here to enter text.
Signature	
Address	Click here to enter text.
Postcode	Click here to enter text.
Trust / Practice area	Click here to enter text.
Telephone number	Click here to enter text.
Email address	Click here to enter text.
Date	Click here to enter a date.