## Fitness to Practise Statement Application Approval Form

[[1]](#footnote-1)

*When completing this form, please delete the italicised text. The completed form must be signed by the relevant course director(s) or Associate Dean Academic Affairs.*

1. **Programme Name(s)**:
2. **Course Director(s)**:
3. **Professional Fitness to Practise Requirements**
4. **Professional Competencies**

|  |  |
| --- | --- |
| **Competency** | **Description/justification of how the competency applies to the programme(s) listed above** **(add bullets as required)** |
|  |  |
|  |  |

1. **Health Requirements**

**References**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Director Associate Dean Academic Affairs

1. All Fitness to Practise application forms should be submitted to the Academic Regulations Committee for its consideration. [↑](#footnote-ref-1)