



Director of Nursing Support

Dear Course Director,

Student Name (PRINT NAME): _____

Organisation: _____

I am agreeing to support the above student to complete their Master of Science in Nursing (Advanced Practice). I understand that this support includes the following (please tick all that apply):

- Support opportunities for professional teaching and learning in their relative speciality
- Support the student working at an advanced practice level under clinical and professional supervision
- Provide and document timely and necessary feedback to the student where required
- Communicate with the Course Director as required
- Support ANP role development

Yours Sincerely

Signature _____

PRINT NAME _____