

 **Director of Midwifery Support**

Dear Course Director,

Student Name (PRINT NAME):

Organisation:

I am agreeing to support the above student to complete their Master of Science Advanced Practice (Midwifery). 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 AMP development

Yours sincerely,

Signature

PRINT NAME