

**MSc Advanced Practice (Clinical Named Speciality) Programme**

**Service/Employer Agreement**

**This form should be completed by the Clinical and/or Service Lead responsible for Advanced Clinical Practice**

**Please complete all fields**

**Name of Applicant:**

**Area of practice:**

**Job Title:**

**The following outlines the programme entry requirements, please review the following and indicate below that you are satisfied that all these requirements have been met:**

1.1 To enrol on this programme you must:

* Be a qualified health and/or social care practitioner (for Advanced Practice (Midwifery) you must have an appropriate midwifery/obstetric nurse qualification with supporting evidence) **AND**
* Possess a bachelor’s degree **OR**
* Be in possession of other qualifications or experience which demonstrates that you have appropriate knowledge and skills at SCQF level 10 e.g. Clinical Decision Making Module **OR**
* Have successfully completed two taught modules equivalent to 40 credits at SCQF level 11 as a student of the University through our Affiliate student scheme.

1.2 Also you must satisfy the above requirements in section 1.1 **AND*:***

* Have employer approval to study for a clinical qualification in Advanced Practice, recognising that this programme requires the development of clinical assessment skills, case management and prescribing (where appropriate).
* Have an experienced supervisor who has agreed to oversee the development of practice based competence and learning. This supervisor must have extensive knowledge and skills aligned to the field of speciality the practitioner will be working in.

**Clinical and/or Service Lead for Advanced Clinical Practice:**

**(Please delete as appropriate). Please also indicate which funding stream we are to attach to this application;**

**Organisation Funding Stream:**

I am satisfied /not satisfied that this applicant fully meets the above entry requirements for this programme and has practice supervision arrangements in place.

Name (print):………………………………………..Signature……………………………..Date…./…../…..

**Enquiries:**

**Contact: Robin Hyde, Programme Lead, Email:** [**R.Hyde@napier.ac.uk**](mailto:R.Hyde@napier.ac.uk)**.**

**Please give this form back to the applicant to attach to their application**