**MSc Advanced Clinical Practice (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 below:

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. To enrol on this programme you must:

• Be a qualified health and/or social care practitioner [for Advanced Clinical Practice Midwifery) you must have an appropriate midwifery/obstetric nurse qualification with supporting evidence] AND

• Possess a bachelor’s degree in nursing, midwifery or health profession (NMAHP) 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 through our Affiliate student scheme.

* 1. In addition to the above requirements (section 1.1), you must:

• Have employer approval to study for a clinical qualification in Advanced Clinical Practice, recognising that this programme requires the development of clinical assessment skills, case management and prescribing (where appropriate).

• Have an experienced practice supervisor who has agreed to oversee the development of practice-based competence, knowledge, skills and learning. This supervisor must have extensive knowledge and skills aligned to the field of speciality you will be working in.

You may be invited to attend an interview with the Programme Team and Organisational Leads for Advanced Clinical Practice.

Clinical and/or Service Lead for Advanced Clinical Practice: (Please delete as appropriate). Please provide the student with a copy of their purchase order which they can attach to their application as part of matriculation. Please note applicants will not be able to matriculate or access online content without the purchase order

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: Dr Claire Kydonaki, Programme Lead, Email: [C.Kydonaki@napier.ac.uk](mailto:C.Kydonaki@napier.ac.uk)

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