

**ASSOCIATE PRACTITIONERS**
**EMPLOYER SUPPORT FORM**

This form should be completed by your line manager after reading the accompanying programme information sheet. Please download information from the Faculty web-site

<http://www2.hull.ac.uk/fhsc/courses-1/associatepractitionerprogramme.aspx>

**Please ensure that this employer's support form is sent with your application as we cannot process your application form without it.**

|   |                              |    |                          |
|---|------------------------------|----|--------------------------|
| Applicant's Name  |                              |    |                          |
| Applicant's Current Job Role  |                              |    |                          |
| Name of Manager/Employer Representative   |                              |    |                          |
| Job Title of Manager  |                              |    |                          |
| Contact details of Manager  |                              |    |                          |
| Are you willing to support the member of staff to meet the requirements of the programme?   | Yes                          | No |                          |
| Will you facilitate attendance at the university as required?   | Yes <input type="checkbox"/> | No | <input type="checkbox"/> |
| Will you facilitate study time to support the student?  | Yes <input type="checkbox"/> | No | <input type="checkbox"/> |
| Will you facilitate access to IT and internet facilities for the student?   | Yes <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you identified an appropriate practice supporter for this student?   | Yes <input type="checkbox"/> | No | <input type="checkbox"/> |
| Name of practice supporter  |                              |    |                          |
| Job title of practice supporter   |                              |    |                          |
| Contact details of practice supporter   |                              |    |                          |
| Will you allow the nominated practice supporter to attend preparatory/support sessions?   | Yes <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is the applicant able to study at level 4 (e.g. adult literacy and numeracy skills equivalent to level 2)? And have the necessary entry requirements <b>Students need to supply photocopied evidence of this with their application form.</b>                             |                              |    |                          |
| Comments <b>please refer to the above web-site so that together with the proposed student you can consider which optional modules are applicable to your practice area. This can be written on the back of this form or on a separate sheet if sending electronically</b> |                              |    |                          |
| <b>Manager/employment representative signature</b>  |                              |    |                          |