UNIVERSITY OF Hull

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 website <u>www.hull.ac.uk/Faculties/fhs/shsw/Certificate-health-social-care-associate-practioner.aspx</u> 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	No		
Will you facilitate study time to support the student?	Yes	No		
Will you facilitate access to IT and internet facilities for the student?	Yes	No		
Have you identified an appropriate practice supporter/workplace mentor for this student?	Yes	No		
Name of practice supporter/workplace mentor				
Job title of practice supporter/workplace mentor				
Contact details of practice supporter/workplace mentor				
Will you allow the nominated practice supporter/workplace mentor to attend preparatory/support sessions?	Yes	No		
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 Students need to supply photocopied evidence of this with their				
application form.				
Comments 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				
Manager/employment representative signature				