



Certificate in Emergency Nursing

Applicant's Name	
Name of Hospital	
Unit	
Grade	
NMBI Pin	

To be completed by Line Manager (ADoN or above):

I confirm that..... (applicant's name) has been approved to undertake the Certificate in Emergency Nursing commencing in January 2025.

Signed:.....

Date:.....

I confirm that..... (applicant's name) will be employed in an emergency department for the duration of the Certificate in Emergency Nursing programme.

Signed:.....

Date:.....

To be completed by the applicant:

I confirm that I have identified a suitably qualified clinical practice supervisor to assess and support me during the Certificate in Emergency Nursing programme

Signed:.....

Date:.....