



Certificate in Fundamentals of Anaesthesia and Post Anaesthesia Care

Section 1: Applicant Professional Details

Applicant's Name	
Name of Hospital	
Unit	
Grade	
NMBI PIN	

Section 2: To be completed by Line Manager (ADoN or above):

I confirm that..... (applicant's name) has been approved to undertake the Certificate in Fundamentals of Anaesthesia and Post Anaesthesia Care programme. commencing September 2026.

Signed..... **Position** :.....

Date:

...

I confirm that..... (applicant's name) will be employed in the area Anaesthesia and Post Anaesthesia care for the duration of this Certificate

Signed:..... **Position** :.....

Date:.....

Section 3: To be completed by the applicant:

I confirm that I meet the entry requirements to undertake this Certificate: Yes No

I confirm that I have identified a suitably qualified clinical practice supervisor to assess and support me during the Certificate in Fundamentals of Anaesthesia and Post Anaesthesia Care programme: Yes No

I give permission to the Department of Nursing and Healthcare to share the details from section 1 above with the office of the N.M.P.D.U.

I confirm that I have approved funding from the office of the N.M.P.D.U. in advance of commencement date of the programme: Yes No

Yes No

Signed:.....

Date:.....