## 1.8b Record of signatories – Practice Assessor

## PLEASE COMPLETE AT THE START OF EVERY PRACTICE LEARNING EXPERIENCE.

NB. Practice Assessors must be a registered nurse on the same part of the register as the student or have appropriate equivalent experience for the student's field of practice

PLE	PLE Name	Practice Assessor Name (print)	Practice Assessor Signature I confirm that I have been suitably prepared for the role of practice assessor	Practice Assessor Initials	Practice Assessor's field of practice	Students sign to confirm that all signatures in this document are authentic	Date
One	Ward 5 GRI	JACQUELINE BLACK	Jacqueline Black	JB	Adult	Nursing student	