1.8a Record of signatories – Practice Supervisor

PLEASE COMPLETE AT THE START OF EVERY PRACTICE LEARNING EXPERIENCE.

NB. Practice Supervisors must be NMC registered nurse or midwife or another registered health and social care professional (NMC 2018c, p6)

PLE	PLE Name	Practice Supervisor Name (print)	Practice Supervisor Signature. I confirm that I have been suitably prepared for the role of practice supervisor	Practice Supervisor Initials	Practice Supervisor's field of nursing practice/ profession	Students sign to confirm that all signatures in this document are authentic	Date
One	Ward 5 GRI	CLAIRE COCHRANE	Claire Cochrane	CAC	Adult	Nursing student	