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**MMedSci Advanced Clinical Practice**

**Clinical supervisor form**

I confirm that my manager has agreed to my undertaking this course and will support me in gaining practical experience and clinical exposure by having the opportunity to experience a variety of clinical learning opportunities. I have identified a clinical supervisor who will support me through the duration of the programme.

**Applicant’s full name:**

**Job title:**

**Place of Work:**

**Signed: Date:**

**Print Name:**

**Clinical Supervisor confirmation.** I confirm that I am willing to support the above named trainee advanced clinical practitioner with this course. I am willing to share clinical expertise, supervise as required, give feedback on their practice, review and feedback on portfolio entries and have professional discussions on different patient cases with the student throughout their studies.

**Signature of local mentor: Date:**

**Print Name:**

**Profession:**

**Email address:**