**Supervision & Assessment in Practice**

**Placement Declaration Form**

*To be completed by Manager or nominated person.*

Manager/ nominated person name: Department/ Team:

Designation:

Please list below the Practice Supervisors and Practice Assessors you are agreeing to undertake these roles within your practice placement setting.

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| Name | Practice Supervisor  (√ as appropriate) | Practice Assessor  (√ as appropriate) | Date of Self Declaration |
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| By signing below I declare that the persons listed above meet the NMC requirements for a Practice Supervisor and/ or Assessor. I understand that staff taking on these roles need to keep continually up to date with developments in practice learning, assessment and programme curriculum and that Practice Assessors require dedicated time in the role. | | |
| Signature: | Date: |  |