

## Practice Supervisor: Self-declaration Form

Full name:		Job Title:	
Placement or base name:		Line manager name:	
Email:		Line manager email:	

By completing this form, you are making a professional declaration that you are able to evidence your ability to meet the NMC (2018) standards for student supervision and assessment (SSSA) listed below.

PRE-REQUISITES FOR PRACTICE SUPERVISOR ROLE		
2.7	Be a NMC registered nurse, nursing associate or midwife, or other registered health and social care professional	Tick Here <input type="checkbox"/>

ROLE AND RESPONSIBILITIES.		
All practice supervisors must be able to meet the NMC criteria below. Those with experience of supervising and assessing students are likely to have evidence of competence from previous students, reviews, revalidation or reflective diaries.		
Standard	Criteria	By ticking the box below you are stating you can evidence your compliance
4.3 (part1)	Have undertaken equality and diversity training	<input type="checkbox"/>
3.1, 3.4	Serve as role models for safe and effective practice in line with their code of conduct and have current knowledge and experience of the area in which they are providing support, supervision, and feedback.	<input type="checkbox"/>
3.2, 3.3	Support learning in line with their scope of practice to enable the student to meet their proficiencies and programme outcomes. Support and supervise students, providing feedback on their progress towards, and achievement of, proficiencies and skills.	<input type="checkbox"/>
4.1, 4.2, 4.3	Contribute to student assessments to inform decisions for progression, including contributing to the student's record of achievement. Clearly liaise and communicate with practice assessors and academic assessors to share observations.	<input type="checkbox"/>
4.4	Understand how to raise and respond to student conduct and competence concerns, with support.	<input type="checkbox"/>
5.2	Have understanding of the proficiencies and programme outcomes they are supporting students to achieve. Understand the NMC (2018) requirements for supernumerary status and protected learning time.	<input type="checkbox"/>

SCPHN/SPQ	Has have undertaken a period of preceptorship in line with the NMC principles for preceptorship as SCPHN or community nursing SPQ qualified professionals	<input type="checkbox"/>
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- Completion of this form on PARE is your evidence / record of the date you declare you meet the NMC outcomes.
- The records are part of the organisation quality monitoring process. It is therefore imperative that your details are complete and up to date. If you would like to check if your record is correct you can access this through your organisations systems.

**By signing below I declare that I meet the NMC requirements for a Practice Supervisor as outlined above. I have evidence of this and agree to the audit of this evidence as requested. I understand that as a Practice Supervisor I need to keep continually up to date with developments in practice learning, assessment and programme curriculum.**

Signature:	Date:	
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