Support for Learning in Practice Modules (Levels 2, 3 and M)  
Important Information for Students and Managers.

The Support for Learning in Practice modules offered across the Divisions of Health Care Studies, Nursing and Midwifery carry a requirement that students have 5 protected days in practice during which time students will be carrying out work pertaining to the Learning Outcomes for the module. The hours of protected time are required in addition to time for attending classes, lectures and studying. ‘During the 5 days protected time students will engage in practical work associated with the module within their clinical areas. The Nursing and Midwifery Council (2006) stipulate that the completion of the programme with 5 days of protected time is a requirement for nurses wishing to become a mentor to pre-registration nursing students To this end, all potential students seeking to complete these modules are required to seek and have guaranteed support from their respective managers. The dates of these 5 protected days will vary, depending on the division the student chooses to study in but the student will be given this detail on the first day of the module.

In order to process students’ application forms, their respective line managers are requested to sign the declaration below which the student must then return with their application form. Application forms submitted without this surety cannot be processed, as these protected 5 days are integral to the modules and the NMC requirements around which the modules are based.

Please return the form below with your manager’s signature, indicating their support, ensuring it is securely attached to your application form:

As this student’s line manager,

I certify that this student (please print) ______________________

based at (please print name of work place) ______________________

will have 5 protected days in clinical practice to consider the Learning Outcomes of the Support for Learning in Practice module, in accordance with NMC guidelines (2006).

Name (block capitals please) : ________________________________

Signature: ________________________________

Job Title and Workplace : ________________________________

________________________________________________________

Date : ___________________________________________________