**Declaration of Support from Coordinating Education Supervisor**

Supervision is an essential element of training to be an Advanced Clinical Practitioner (ACP). Before commencing our MSc Advanced Clinical Practice, and as part of the application process, all applicants are required to provide evidence that they have access to, and the support of appropriate supervisors.

A Co-ordinating Education Supervisor (CES) “provides a consistent relationship throughout training and must have an in depth understanding of the ACP’s role within the speciality”. They do not need to hold the same professional registration as the trainee ACP and can come from the multi-professional workforce.

You have received this form from an employee within your workplace who has/will be applying to our MSc Advanced Clinical Practice programme. It is expected that you will have been part of appropriate workplace discussions before receiving this form.

The University of Surrey appreciate you taking the time to complete and return this form. Upon completion, please forward the reference from your work email address, and in the subject line state “MSc Advanced Clinical Practice, Employee’s Name, Supervisor Declaration”. Please send this email to:

* The applicant
* Programme leader: m.stobbart@surrey.ac.uk
* University admissions team: admissions@surrey.ac.uk

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| **Co-ordinating Education Supervisor Details:** |
| Applicant’s Full Name |  |
| Applicant’s employer |  |
| Full name of ‘Coordinating Education Supervisor’: |  | Work Email address: |  |
| Please identify which applies to you:* Dr with appropriate knowledge and skills to supervise a trainee ACP.

**OR*** Advanced practitioner who post MSc completion has a minimum of three years working autonomously at advanced practice level.

NB: All supervisors will have expert knowledge of the area of practice they are supervising, have education experience, and be a skilled facilitator able to support learning, development, assessment and verification of competence and capability at advanced clinical practice level. |  |
| Have you completed formal supervisor training? If yes, please also identify the type of training.You may have completed a supervision module as part of your MSc in advanced practice and if you are a doctor who is a GMC accredited educational supervisorthen you will already have received training to support supervision at an advanced level.Examples of supervisor training: Clinical educator programme, PGCert Education, Practice Educator programme, local supervisor training, GP trainer |  |
| Please confirm that you completed the supervisor readiness checklist. The below link provides access to this checklist. <https://advanced-practice.hee.nhs.uk/wp-content/uploads/sites/28/2022/11/Supervisor-readiness-checklist.pdf>  |  |
| Trainee ACPs require a minimum of an hour of scheduled supervision every week; of which one in four (once a month) is a scheduled hour with the co-ordinating education supervisor. Please confirm that you have capacity and protected time to fulfil this requirement for the duration of their programme.NB: Remaining weekly supervision may be with the Co-ordinating Education Supervisor or with an identified associate supervisor with the knowledge and skills matched to the curriculum/competence/ capability focus of supervision for that week.  |  |
| Please confirm that you have reviewed the Centre for Advancing Practice’s “Advanced Practice Workplace Supervision: Minimum Standards of Supervision”<https://heeoe.hee.nhs.uk/sites/default/files/advanced_practice_workplace_supervision-_minimum_standards_for_supervision.pdf>  |  |
| Are you happy to provide on-going supervision, support, identify opportunities to develop and undertake assessments for the trainee ACP? | **YES /NO** |
| I confirm that I have agreed to oversee learning, supervise and support the applicant in their development to become an Advanced Clinical Practitioner over the duration of the programme. I agree to facilitate the identification of alternative supervision for the learner, should I leave my post before completion of the program.  |
| Signature: |  | Date: |  |