

Prescribing Authorisation Form 2025/6

You must complete this authorisation form in full by obtaining all three signatures and details as requested below. This form must be completed in full and uploaded when submitting your application form.

APPLICANT DETAILS			
Name:		NMC/HCPC Pin:	
Employer:			
Position:			
Course applying for Please check with your NMP lead that you are applying for the correct level.			(please tick):
➤ Advancing Non-Medical Prescribing (Master's level, Level 7)			
➤ Non-Medical Prescribing (Degree, Level 6)			

DESIGNATED PRESCRIBING PRACTITIONER/PRACTICE ASSESSOR DECLARATION*			
<p>The above applicant has given your name as their Designated Prescribing Practitioner (DPP)/Practice Assessor (PA).</p> <p>By signing this declaration, you are confirming your support to supervise and undertake the assessment of prescribing practice within the applicants' scope of practice for the above applicant to undertake the intended module of study with Teesside University.</p> <p>You are also confirming that you meet the criteria required for fulfilling the DPP/PA role in accordance with the NMC/HCPC standards for Prescribing and will access a preparation workshop offered by Teesside University.</p>			
DPP/PA Name:			
Title:			
Organisation:			
GMC/NMC registration number:			
Email address:			
Signature: (Please sign or insert electronic signature)		Date:	

NON-MEDICAL PRESCRIBING LEAD/PRACTICE MANAGER DECLARATION			
Applicant Name:			
<p>The above applicant has given your name as their Non-medical Prescribing Lead/Clinical Practice Manager.</p> <p>By signing this declaration, you are giving permission for the above applicant to undertake the intended module of study with Teesside University and you are confirming that the necessary Clinical Governance infrastructure is in place to support Non-Medical Prescribing.</p>			
NMP Lead/Practice Manager Name:			
Title:			
Organisation:			
GMC/NMC registration number:			
Email address:			
Signature: (Please sign or insert electronic signature)		Date:	

SPONSOR/MANAGER DECLARATION			
<p>The above applicant has given your name as their approving Sponsor/Manager for the Non-medical Prescribing course detailed above.</p> <p>By signing this declaration, you are confirming that the applicant has fulfilled and meets all the Professional Body (NMC/HCPC) and School of Health & Life Sciences essential entry criteria and is therefore eligible for the intended course.</p> <p>You are also confirming that the applicant will be released for 24 taught study days and 12 days supernumerary supervised practice time with a prescribing DPP/PA - minimum 78 hours (NMC) or 90 hours (HCPC)</p>			
Sponsor/Manager Name:			
Title:			
Organisation:			
GMC/NMC registration number:			
Email address:			
Signature: (Please sign or insert electronic signature)		Date:	
<p>You are also confirming that the applicant has a satisfactory up to date, enhanced, Disclosure and Barring Service (DBS) check which has been completed within the last three years, which must be in date at the point of award.</p>			
DBS Number:		Date of issue:	