

## MSc in Specialist Nursing

To be Completed by Applicant	
Name	
NMBI Registration Number	

To be Completed by Employer / Line Manager					
Name					
Department					
Address					
<p>Has this applicant attained a minimum of twelve months' post-registration experience?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is this applicant currently employed in the specialist area / setting?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <table border="1" style="width: 100%;"> <tr> <td>Women's Health</td> <td></td> </tr> <tr> <td>Chronic Disease Management</td> <td></td> </tr> </table> <p>Is this applicant employed for a minimum of 19.5 hours per week or 0.5 FTE?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Confirm that this applicant will be supported in completing the minimum required practical hours and will have a preceptor to support them in the clinical practicum.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>		Women's Health		Chronic Disease Management	
Women's Health					
Chronic Disease Management					
Date					
Name (print)					
Signature					