Signature of Training Practice Principal (Employed students only)

I, as **Training Practice Principal,** approve the submission of this application for enrolment for the applicant named below. I agree to support their training and assessment as stated below:

I recognise my obligation to ensure the applicant will:

i. Complete an accredited programme of veterinary nurse education of a minimum of 2,990 hours and be placed or employed for a minimum of 1,800 hours in clinical veterinary practice with an appropriate caseload and facilities.
ii. Be supported in practice and assessed to meet the RCVS Day One Competences for Veterinary Nurses and the RCVS Day One Skills for Veterinary Nurses.
iii. Be provided with day to day supervision of their work as a student veterinary nurse both in relation to developing their competence and in accordance with the requirements of Schedule 3 of the Veterinary Surgeons Act.

Signature:		Date:	
Name (Print):		TP Number:	
Practice Name:		Practice Postcode:	
Student Name (Print):			