## Appendix G Supplementary prescribing



Date (*Insert date)*

Name *(Insert name of Individual)*

Address *(Insert full base-point address)*

Dear (*Insert* *Non-medical prescriber name*)

Thank you for providing the relevant information required for your Non-Medical Prescribing. (Supplementary)

I therefore authorise that (colleague’s name) can, on behalf of Rotherham Doncaster and South Humber NHS Foundation Trust be a Supplementary Non-Medical Prescriber, prescribing to the following formulary:

All as part of (*Insert Name of service/speciality*) you will receive continued appropriate supervision from (*Insert Supervisors name*).

I recognise this Pack, containing

- Regulator confirmation of registration as an NMP e.g. NMC Statement of Entry

- Colleague request letter and Supervisor agreed formulary (appendix 6)

To be agreed as correct and shall be adhered to by those signing below:

Colleague -------------------------------------------------- Print Name-------------------------

Supervising Practitioner------------------------------------ Print Name-------------------------

Care Group NMP Lead ----------------------------------- Print Name-------------------------

Head/Deputy Head NMP ---------------------------- Print Name------------------------------

Yours sincerely

Head/Deputy Head NMP