## Appendix 8 – Independent 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. (Independent)

I therefore authorise that (*insert colleague’s name*) can, on behalf of Rotherham Doncaster and South Humber NHS Foundation Trust be an Independent Non-Medical Prescriber, prescribing within the British National Formulary (BNF)/Children’s BNF within their agreed areas of competency from the following sections of the BNF:

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

I recognise this Pack, containing - Regulator confirmation of registration as an NMP, e.g. NMC Statement of Entry

1. - Colleague request letter
2. - Supervisor agreed formulary.

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