## Appendix I Community prescribing



Date *(Insert date)*

**PRIVATE AND CONFIDENTIAL**

*Insert Name of Nurse*

*Insert Address of Nurse work address*

Dear *(Insert Nurse name)*

Thank you for providing the relevant information required for Community Practitioner Nurse Prescribing.

I therefore authorise that *(insert name)* can, on behalf ofRotherham Doncaster and South Humber NHS Foundation Trust prescribe to the Nurse Prescribers’ Formulary (NPF) within NPF guidelines/Children’s BNF.

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

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