

# **RECOGNITION OF PRIOR EXPERIENTIAL LEARNING DOCUMENT**

## **MSc ADULT NURSING (PRE-REGISTRATION)**

### **SCHOOL OF NURSING, MIDWIFERY AND PUBLIC HEALTH**

## RECOGNITION OF PRIOR EXPERIENTIAL LEARNING

The Nursing and Midwifery Council (NMC) details the requirements for pre-registration nurse education in a document titled Part 3: Standards for Pre-Registration Nursing Programmes (NMC, 2018). This document states that all programmes must include at least 4,600 hours of theoretical and clinical training, at least 50% of which must be clinical training. In order to meet these requirements within this accelerated 2-year course, you are required to demonstrate a minimum of 750 hours of prior practical experience in a clinical environment, as part of your application for entry into the course.

This practical experience can be obtained in a wide range of different clinical settings, such as hospital wards and departments, general practice surgeries, care homes, hospices and domiciliary care. Other examples might include work within the voluntary and charity sectors, such as an event first aider, or community first responder with an organisation such as St John Ambulance. Whatever the setting, your role must have included direct care of patients, clients or service users. Experience gained within administrative roles cannot be used towards the 750 clinical hours requirement. If you are unsure whether your practical experience can be used towards the 750 clinical hours entry requirement, then please contact Admissions [admissions@uos.ac.uk](mailto:admissions@uos.ac.uk), who will be able to put you in touch with a course team member, to discuss your prior experience further.

Please complete the following sections of this document, detailing the practical experience you have gained, indicating the role you undertook and the hours you completed. You must support this information with evidence sources, that clearly demonstrate the role and hours undertaken, such as a shift roster or timesheet. This should come from a manager, shift/team leader or a Registered Healthcare Professional to confirm the eligible hours as completed. If you have gained these hours in more than one post or role, then you must provide a verification statement for each employer or organisation.

Please complete the table below:

Applicant Name	
Course Title	MSc Adult Nursing (Pre-registration)
Previous Degree	Name of Degree awarded:  Degree Classification awarded:

Your degree certificate (or a transcript from the awarding University if the original certificate has been lost) must be available for review as part of your application process.

Please complete the table below, providing details of the organisation in which you gained the clinical experience and the role you undertook (add more rows if necessary):

Name and Address of Organisation	Start Date	End Date	Number of Practice Hours	Brief Description of Your Role and Duties	Evidence Source

## VERIFICATION STATEMENT FOR RECOGNITION OF PRIOR EXPERIENTIAL LEARNING

Please ask a manager, shift/team leader or a Registered Healthcare Professional to complete the verification statement below, to confirm the hours undertaken. The verifier must be someone who knows you in a professional capacity within the organisation and has had oversight of your work, ideally a Manager, Registered Healthcare Professional, or team/shift leader. If the 750 hours of clinical practice have been gained in more than one organisation, then you must obtain verification from each organisation.

### Organisation 1

Name of the Manager, shift/team leader or Registered Healthcare Professional completing the statement	
Name and address of the organisation in which the practice was completed	
<p>I confirm that _____ has completed ____ hours of clinical practice within this organisation, in the role of _____.</p> <p>In this role, the named individual provided <b>direct</b> care for patient/clients/service users.</p>	
<p>I confirm that I have had oversight of the applicants work, which involves direct care of patients/clients/service users. I know the applicant in the role of Manager/Registered Healthcare Professional/team leader/shift leader.</p>	
Signature and contact details	
Date of Signature	

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Please ask a manager, shift/team leader or a Registered Healthcare Professional to complete the verification statement below, to confirm the hours undertaken. The verifier must be someone who knows you in a professional capacity within the organisation and has had oversight of your work, ideally a Manager, Registered Healthcare Professional, or team/shift leader. If the 750 hours of clinical practice have been gained in more than one organisation, then you must obtain verification from each organisation.

### Organisation 2

Name of the Manager, shift/team leader or Registered Healthcare Professional completing the statement	
Name and address of the organisation in which the practice was completed	
<p>I confirm that _____ has completed ____ hours of clinical practice within this organisation, in the role of _____.</p> <p>In this role, the named individual provided <b>direct</b> care for patient/clients/service users.</p>	
<p>I confirm that I have had oversight of the applicants work, which involves direct care of patients/clients/service users. I know the applicant in the role of Manager/Registered Healthcare Professional/team leader/shift leader.</p>	
Signature and contact details	
Date of Signature	

## VERIFICATION STATEMENT FOR RECOGNITION OF PRIOR EXPERIENTIAL LEARNING

Please ask a manager, shift/team leader or a Registered Healthcare Professional to complete the verification statement below, to confirm the hours undertaken. The verifier must be someone who knows you in a professional capacity within the organisation and has had oversight of your work, ideally a Manager, Registered Healthcare Professional, or team/shift leader. If the 750 hours of clinical practice have been gained in more than one organisation, then you must obtain verification from each organisation.

### Organisation 3

Name of the Manager, shift/team leader or Registered Healthcare Professional completing the statement	
Name and address of the organisation in which the practice was completed	
<p>I confirm that _____ has completed ____ hours of clinical practice within this organisation, in the role of _____.</p> <p>In this role, the named individual provided <b>direct</b> care for patient/clients/service users.</p>	
<p>I confirm that I have had oversight of the applicants work, which involves direct care of patients/clients/service users. I know the applicant in the role of Manager/Registered Healthcare Professional/team leader/shift leader.</p>	
Signature and contact details	
Date of Signature	

(Please download further forms if more than 3 are needed)