

Senior nurse’s verification declaration

(or employer, if no senior nurse is in your employment setting)

Name of senior nurse (or employer):	
Registration number	
Role title	
Email address	
<p>I, _____ have read _____’s [add nurse’s name here] self-assessed evidence of competence, and, to the best of my knowledge, this is an accurate reflection of how they practice.</p>	
Signed	
Dated	