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**Nursing Studies**

**Master of Nursing with Pre-registration**

**Form RPE2: Verification of practice experience hours**

**This form should be signed by a person who, in their professional capacity, is able to verify the hours that you have identified in RPE1. If you have achieved the hours in a number of different settings, this form should be signed by someone from the setting in which you undertook most of these hours.**

**This completed form should be uploaded by the candidate with their application.**

I, [insert name of professional] can confirm that [insert name of candidate] has undertaken [insert number of hours] hours of experience in a health and social care setting.

Full name:

Position:

Place of work:

Email address:

Signature:

Date: