

**MSc ADVANCED PRACTITIONER
MEMORANDUM OF UNDERSTANDING**

Student Details	
Name:	
Applicant number (if know):	
Contact details	Address:
e-mail :	telephone:
Position Held:	
Workplace Manager Name:	
Contact details	Workplace Address:
e-mail:	telephone:
UEA Office use only	
Name of Academic Adviser:	

COURSE/MODULE AIM AND ADVANCED PRACTICE ROLE DEVELOPMENT PLANNED:

ORGANISATIONAL SUPPORT REQUIRED:

Funded by Employer Self-Funded

Student Signature.....Date

Manager Signature.....Date

Academic Adviser Signature.....Date

Authorised SHA Contract: Name..... (PLEASE PRINT)

Trust Name:.....

Signature.....Date.....