



Name of educational institution
Name and titles of the educational institution
Mode of Delivery
Date of Visit
Proposed date of visit
Name of HPC visitor (including name of the HPC visitor)

Placements providers and educators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students (current or past as appropriate)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Confirmation of facilities inspected

	Yes	No	N/A
Library learning centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IT facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist teaching accommodation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROGRAMME APPROVED: ALL CONDITIONS MET

Date
2007-07-06

Ver.
a

Dept/Cmte
EDU

Doc Type
APV

Title
Non Medical Prescribing Suffolk
College

Status
Draft
DD: None

Int. Aud.
Internal
RD: None

Deleted: Non Med
Prescribing Suffolk

Confirmation that particular requirements/specific instructions (if any) of the Education and Training Committee that have been explored e.g. specific aspects arising from annual monitoring reports.

Requirement (please insert detail)	Yes	No	N/A
1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Proposed student cohort intake number please state	25
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The following
provides reasons

CONDITIONS

SET 2 *Program*

The admission p

2.1 give both the
informed choice

Condition: The

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RECOMMENI

SET 3. Progr

3.12 The resourc
learning and teach

3.13 The learning
facilities, includin
available to stud

Recommendatio
Major/Minor proc

Reason: The pro