Please print this to a letter headed paper

Date

**Micro-credential**

**School Nursing and Midwifery, University of Galway**

**Name of Micro-credential**

**Name of Applicant**

This letter is to confirm that [applicant name] works in [Hospital/Clinic/Company and Unit name] as [applicant’s role]. [Name] will be supported to undertake the [module name] micro-credential at the School of Nursing and Midwifery, University of Galway.

[Name] will have access to clinical opportunities related to this micro-credential in the work environment and complete their clinical competency requirement alongside a clinical mentor.

Yours sincerely,

Name and Signature of Clinical Mentor

Contact details