

# Victorian Postgraduate Mental Health Nurse Scholarships



To the Assessor

I

[ Full name of endorsing person ]

,

[ Position ]

from

verify that

[ Service ]

[ Full name of student / nurse ]

is employed at this service and is currently enrolled in a post graduate mental health course.

Signature:

Date:

Contact number:

*Please note that the person signing this form must be the Director of Mental Health Nursing / Senior Nurse at your place of work.*

**OFFICIAL**