**To the selection panel,**

**I,** *[full name of endorsing person], [position]* **from** *[service]* **verify that** *[full name of applicant]* **is employed or will be commencing employment at this service and is intending to enrol in postgraduate mental health course in semester one 2023.**

*Signature* *of line manager/discipline senior:* Click or tap here to enter text.

*Date:* Click or tap to enter a date.

*Contact number/email:* Click or tap here to enter text.

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