Please print this to a letter headed paper

Date

**Professional Credit Award Module**

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

**Name of Module**

**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] module at the School of Nursing and Midwifery, University of Galway.

[Name] will be encouraged to seek out learning opportunities related to this module in the work environment with the expectation of sharing their learning.

Yours sincerely,

Name and Signature of Director of Nursing/Midwifery or Senior Manager

Contact details