



Pre-registration Training

CHANGE OF TUTOR DETAILS

Name of tutor on original application form	
Reason for change	
Name of NEW tutor: Registration No:	
Address of premises where tutor will undertake supervision:	
Date (most recent) of completing PSNI training course for tutors:	

TUTOR DECLARATION

Name of pre-registration trainee:

I confirm that I have agreed to be the tutor for the above named trainee in the above named premises

For the dates:

Starting: dd/mm/yy **Ending:**dd/mm/yy

- 1) I agree to observe the Society's requirements and conditions for pre-registration tutors as described in the current Guidance Booklet.
- 2) I confirm that I meet the Society's requirements for tutors.
- 3) I confirm that I am not currently the subject of any fitness to practice proceedings.

EITHER (community placements)

- 4) I can confirm that I am working in the above named premises a minimum of 30 hours over at least 4 days per week. If absent for any reason, I will ensure there is effective continuity and quality of training.

OR (hospital placements)

- 5) I confirm that I am working in the above named premises a minimum of 30 hours over at least 4 days per week. I will undertake to meet the above named trainee at least once a month.
- 6) I confirm that I will inform the pre-registration facilitator if any of the above change during the dates indicated.

Signed:	
Printed name:	
Date	