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## Line Manager Declaration of Support for the Assistant Practitioner Foundation Degree

Name of Line Manager
Contact telephone for Line Manager
Contact email for Line Manager

- I have read the information provided regarding the programme and understand that..... (name of student employee) will need to attend the compulsory teaching sessions and workshops and will be provided with sufficient time to study independently in order to complete the award.
- I understand that ‘pressures of work’ are not an acceptable reason for granting extension dates for assignments and that ..... (name of student) will be responsible for submitting work on time.
- I agree to liaise with the Course leader throughout the course and to provide any line manager verification of evidence or report required.
- I am able to ensure that ..... (name of student) receives the necessary learning opportunities to meet the requirements of the course.
- I agree to ensure that..... (name of student) will have an identified mentor within the practice area.

Signature of Line Manager:
Date: