APPLICATION FOR APPROVAL AS AN APPROVED CLINICIAN UNDER THE MENTAL HEALTH ACT 1983 (AS AMENDED 2007)

ENGLAND SOUTH APPROVAL PANEL

ACTING UP DECLARATION

To be completed by your Training Programme Director:

Name of Applicant	
GMC Number	
CCT Date	
Start Date of Acting Up Post	
End Date of Acting Up Post	

I confirm on behalf of my organisation that the above applicant is supported in making an application for Approved Clinician status.

The applicant has been offered an Acting-Up position which will involve making decisions only devolved to an Approved Clinician and they are competent to undertake this role.

This post forms part of their final training for them to attain their Certificate of Completion of Training for Psychiatry.

Print Name	
Job Title	
Organisation	
Signature	
Date	

This declaration should be ink signed only.