#### Nutrition Professional’s Confirmation Statement

**Must be completed by ANutr/RD/RNutr**

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| 1. **NUTRITION PROFESSIONAL’S DETAILS**
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| Name & Title: |  | UKVRN/HCPC Registration Number: |  |
| Postal Address: |  | Registration Category: (please tick as appropriate) | [ ]  ANutr[ ]  RD[ ]  RNutr  |
| Email Address: |  | Telephone Number: |  |

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| 1. **INVOLVEMENT**
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| I confirm that (please tick as appropriate): |
| * I have developed the learning activity/resource
 | [ ]  |
| * I will be delivering the nutrition content of the learning activity/resource
 | [ ]  |
| * I have reviewed the nutrition content of the learning activity/resource
 | [ ]  |

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| 1. **DECLARATION**
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| I confirm that (please tick as appropriate): |
| The nutrition-based learning objectives stated on the application are accurate and are referenced to the scientific evidence-base/professional practice | [ ]  |
| The learning activity/resource delivers the teaching points stated on the application | [ ]  |
| * The learning activity/resource is of a suitable level and scope for undergraduate medical students
 | [ ]  |
| Signed |  | Date |  |
| Name (please print) |  |