#### Nutrition Professional’s Confirmation Statement

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

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| 1. **NUTRITION PROFESSIONAL’S DETAILS** | | | |
| 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** | |
| 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** | | | | |
| 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) |  | | | |