#### ANutr/RNutr Confirmation Statement

#### for New Applications

**Must be completed by a current ANutr/RNutr**

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

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| 1. **INVOLVEMENT** | |
| I confirm that (please tick as appropriate): | |
| * I have developed the training course |  |
| * I will be delivering the nutrition content of the training course |  |
| * I have reviewed the nutrition content of the training course |  |

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| 1. **DECLARATION** | | | | |
| I confirm that I have seen the application form and all of the teaching materials for this course and: (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 training enables students to achieve the learning objectives stated on the application form | | | |  |
| * The training is of a suitable level and scope for the identified audience on the application form | | | |  |
| * The students are assessed in a suitable manner to confirm achievement of the learning objective | | | |  |
| Signed |  | Date |  | |
| Name (please print) |  | | | |