#### 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**
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| 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**
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| 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) |  |