
Supporting information from employers form

Supporting information about clinical interaction competence for those who trained in a non-majority English speaking country

This form is for you to confirm that the applicant has the necessary knowledge of English to practise safely in the UK. Below you can provide examples to illustrate how the applicant has demonstrated their English language competence in speaking and listening.

Please do not share this form with other applicants. We will only accept the form when we have agreed with an applicant that their employer can use it

The applicant must have worked in a non-registered role in a health and care setting for at least 12 months full-time or the equivalent of 12 months in a part-time role (we will refer to this as the language demonstration period (LDP)). The applicant must provide us with details of their current line manager to cover the 12-month period. As their line manager you must hold current registration with the NMC. If the applicant had two line managers during the LDP, then one must have line managed them for at least six months during the LDP, and both must hold current registration with the NMC. We will not accept more than two line managers to cover the 12-month period.

We require applicants to demonstrate English language proficiency to CEFR (Common European Framework of Reference for Languages) level C1 'Proficient User'. This means the applicant can:

- understand a wide range of demanding, longer texts, and recognise implicit meaning
- express themselves fluently and spontaneously without much obvious searching for expressions
- use language flexibly and effectively for social, academic and professional purposes
- produce clear, well-structured, detailed text on complex subjects, showing controlled use of organisational patterns, connectors and cohesive devices.

When completing the form, you should consider the requirements for communication in the Code. All professionals have a responsibility to communicate clearly and to achieve this they must:

- use terms that people in their care, colleagues and the public can understand
- take reasonable steps to meet people's language and communication needs, providing, wherever possible, assistance to those who need help to communicate their own or other people's needs
- use a range of verbal and non-verbal communication methods, and consider cultural sensitivities, to better understand and respond to people's personal and health needs
- check people's understanding from time to time to keep misunderstanding or mistakes to a minimum
- be able to communicate clearly and effectively in English
- maintain effective communication with colleagues
- provide honest, accurate and constructive feedback to colleagues
- deal with differences of professional opinion with colleagues by discussion and informed debate, respecting their views and opinions and behaving in a professional way at all times.

Professionals must also keep clear and accurate records relevant to their practice. To achieve this, they must:

- complete records at the time or as soon as possible after an event, recording if the notes are written sometime after the event
- complete records accurately and without any falsification, taking immediate and appropriate action if they become aware that someone has not kept to these requirements
- attribute any entries they make in any paper or electronic records to themselves, making sure they are clearly written, dated and timed, and do not include unnecessary abbreviations, jargon or speculation
- use all forms of spoken, written and digital communication (including social media and networking sites) responsibly, respecting the right to privacy of others at all times.

You should work with the applicant to identify a senior NMC registrant at your organisation to countersign Part B of the form to confirm that you have taken an appropriate, proportionate and objective approach, and that you conducted the assessment fairly and consistently. This person must also hold current registration with the NMC.

Part A: To be completed by the employer

Below you can indicate the evidence you have witnessed. There is also an opportunity to provide other evidence. Your answers should be based on activities you have witnessed in practice, including evidence from patients and people who use services or colleagues, as well as families and other healthcare professionals.

| About the applicant | |
|--|--|
| Name | Mary Asamoah |
| NMC PRN | 1030057906 |
| Name of the workplace/organisation during LDP | Northern Royal Infirmary |
| Has the applicant been working in a health and social care setting for the equivalent of 12 months full-time? | <input type="radio"/> Yes, on full-time basis <input checked="" type="radio"/> Yes, FTE achieved on a part-time basis <input type="radio"/> No |
| NHS Agenda for Change (AfC) Band (or non-NHS equivalent) during the LDP | Band 2 |
| Type of contract | <input checked="" type="radio"/> Directly employed <input type="radio"/> Bank <input type="radio"/> Agency |

| About you | |
|---|---|
| Name | Rachael Davidson |
| NMC PIN | 25F0918E |
| Name of the workplace/ organisation during LDP | Northern Royal Infirmary |
| NHS Agenda for Change (AfC) Band (or non-NHS equivalent) during the LDP | <p>Band 7</p> <p>If you are unable to provide an NHS equivalent band, please include a short summary of your duties and responsibilities.</p> |
| Dates as line manager for applicant (If less than 12 months, please pass the form to the second line manager to complete, after you have finished all relevant sections) | <p>Start date of line management</p> <p>31/03/2022</p> <p>Are you still their manager?</p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p>Date management ended (if no)</p> <p>05/09/2023</p> |

| About second line manager (if required) | |
|---|--|
| Name | Sanaa Hussain |
| NMC PIN | 23R0561E |
| Name of workplace/ organisation during LDP | Northern Royal Infirmary |
| NHS Agenda for Change (AfC) Band (or non-NHS equivalent) during the LDP | Band 7 If you are unable to provide an NHS equivalent band, please include a short summary of your duties and responsibilities. |
| Dates of line management (to cover remaining part of the LDP) | Start date of line management 06/09/2023 Are you still their manager? <input checked="" type="radio"/> Yes <input type="radio"/> No Date management ended (if no) |

Additional evidence of necessary knowledge of English language**Reading skills**

Please indicate below how the applicant has demonstrated their proficiency in this domain. This reflects current practice and includes feedback from people who use services, their families and carers. We may ask you to provide additional documentary evidence of this.

The applicant must have demonstrated the following:

- Can read written patient documentation and interpret and implement accurately

Yes, I confirm that I have seen this in practice

No, I am unable to confirm the applicant's reading proficiency

This space is provided if you would like to provide other examples of the applicants reading skills. This will help inform the NMC's understanding of the skills employers recognise as evidence.

I was always impressed with Mary's diligence in thoroughly reviewing patient notes and checking her understanding with peers when in doubt. She was highly competent at implementing care plans, administering medication and providing person-centred care to patients depending on individual needs. Based on my observation of her work, I believe she has the reading and language skills required for registration. (RD)

Mary is very precise and accurate when interpreting her colleagues' notes and documentation, reviewing patient records and medical history, and implementing care. On this basis I am confident her reading is of a sufficient level for safe and effective practice. (SH)

Additional evidence of necessary knowledge of English language

Declaration

- I confirm that in my professional judgement the evidence I have observed shows that the applicant has the necessary knowledge of English to practise safely in the UK.
- To the best of my knowledge, the information I have provided is correct having worked with the applicant and observed them in practice as their line manager and an NMC registrant. I support their application to be admitted to the NMC register.
- I understand that the NMC may carry out checks to verify the information I have given.

We will use the information you provide to process this application. For more information about how we use your data, please refer to our [privacy notice](#).

Line manager 1 name: Rachael Davidson

Line manager 1 signature: Rachael Davidson

Date: 15/04/2024

Line manager 2 name: Sanaa Hussain

Line manager 2 signature: Sanaa Hussain

Date: 18/04/2024

Part B: Countersignatory

This form is for you to confirm that the line manager/s named in Part A of this form (and the additional line manager if required) has taken an appropriate, proportionate and objective approach when confirming that the NMC applicant has the necessary knowledge of English to practise safely in the UK, and that they conducted the assessment fairly and consistently.

You must be a senior NMC registrant at the organisation for which the applicant has been working for at least the past 12 months.

| | |
|---|---|
| Name | Emma Pitt |
| NMC PIN | 35F0438S |
| Name of the workplace/organisation during LDP | Northern Royal Infirmary |
| NHS Agenda for Change (AfC) Band (or non-NHS equivalent) during the LDP | Band 8b If you are unable to provide an NHS equivalent band, please include a short summary of your duties and responsibilities. |
| Relationship to applicant's line manager (person(s) named in Part A) | Supervisor |

Declaration

- I confirm that I have reviewed the information that the line manager has provided in Part A, and I am satisfied that it is accurate, objective and fair.
- I am satisfied that the line manager/s providing the information in Part A has exercised professional judgement appropriately.
- The information I have provided is correct.
- I understand that the NMC may carry out checks to verify the information I have given.

We will use the information you provide to process this application. For more information about how we use your data, please refer to our [privacy notice](#).

Countersignatory name: Emma Pitt

Countersignatory signature: Emma Pitt

Date: 26/04/2024

SAMPLE

**Our vision is safe, effective and kind
nursing and midwifery practice that
improves everyone's health and wellbeing.**

As the independent regulator of more than 808,000 nursing and midwifery professionals, we have an important role to play in making this a reality.



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