

To:

Programme Manager
Paramedicine
Bachelor of Health Science (Paramedic)
School of Health
3 Wi Neera Dr, Elsdon
PORIRUA 5022

Kia ora Programme Manager

Re: Letter of Support for
(Ākonga/Student Name)

(✓)

	I confirm the above ākonga/student is a volunteer/employee with the organisation below and holds a current ATP atlevel. And the organisation will provide clinical support to the above ākonga/student.
	I confirm that ākonga/student has been police vetted.
	I understand it is ākonga/student’s responsibility, in consultation with their line manager, to attend all block courses and exams on the scheduled dates.

.....
(Name & Designation)

.....
(Signature) (Date)

on behalf of
(Organisation)