

To the:

Programme Manager  
Enrolled Nursing micro-credentials  
School of Health & Wellbeing  
Te Pūkenga T/A Whitireia & WelTec

**Letter of Support for:** .....  
(ākonga/student name)

I confirm that the above ākonga/student is currently employed as an Enrolled Nurse with the organisation below and will be supported to complete the following micro-credential/s:

(✓)

	Te Taha Hinengaro for Enrolled Nurses in Mental Health and Addictions
	Te Taha Tinana for Enrolled Nurses in Mental Health and Addictions
	Te Taha Wairua for Enrolled Nurses in Mental Health and Addictions
	Te Taha Whanau for Enrolled Nurses in Mental Health and Addictions

.....  
(Name and designation)

.....  
(Signature and date)

.....  
(On behalf of Organisation)