

# Authorisation for Approved Staff — Home Services

Roster of Facility personnel authorised to deliver NurtureNaija home visits.

The Facility authorises the personnel listed below to represent the Facility on NurtureNaija home-service assignments. The Facility confirms each named person is currently employed or engaged by the Facility, holds a valid practising licence, and has been briefed on the Clinical Responsibility & Emergency Escalation Agreement.

| #  | Full name | Profession | Licence no. | Home services? (Y/N) |
|----|-----------|------------|-------------|----------------------|
| 1  |           |            |             |                      |
| 2  |           |            |             |                      |
| 3  |           |            |             |                      |
| 4  |           |            |             |                      |
| 5  |           |            |             |                      |
| 6  |           |            |             |                      |
| 7  |           |            |             |                      |
| 8  |           |            |             |                      |
| 9  |           |            |             |                      |
| 10 |           |            |             |                      |

**Note:** Any change to this roster (addition, suspension, resignation) must be communicated to NurtureNaija within 48 hours.

Authorised signatory (name & title)

Signature

Date

Official stamp