



Will you be able to support other registrants i.e. colleagues in meeting their CPD needs?   
Yes   
No

Your Signature ..... Date .....

**THE FOLLOWING SECTION MUST BE COMPLETED BY YOUR MENTOR. IT IS IMPERATIVE THAT WE HAVE THIS INFORMATION SO YOU CAN START THE PROGRAMME.**

**Please give their Name, designation, and qualifications**

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**Please provide their work email address and contact details**

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**DECLARATION BY LINE MANAGER:**

**As far as possible I can confirm that the information on this form is accurate and complete**

Line Manager's Name ..... Designation .....

Signature ..... Date.....