***Faculty of Health and Social Care***



**ENTRY FORM FOR LIVE MENTOR REGISTER**

This entry form is for use by all practitioners who wish to be considered for entry to the PPQA live register of mentors. ***Please Note : You cannot be added to the PPQA Mentor Register without an email address.***

***The relevant qualification to become eligible to be recorded on the live Mentor Register is an NMC approved Mentor Preparation Programme or APEL Portfolio.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full name of applicant ( please print ) | |  | | | | | |
|  | |  | | | | | |
| Place of work | |  | | | | | |
|  | |  | | | | | |
| Contact number/**email** (mandatory) | |  | | | | | |
|  | |  | | | | | |
| Length of time in this placement | |  | | | | | |
|  | |  | | | | | |
| Job Title | |  | | | | | |
|  | |  | | | | | |
| Hours worked ( please tick ) | Full time | |  | Part time ( please state hours worked ) |  |  |  |
|  |  | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title of Mentor Qualification |  |  | Date |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Mentorship Skills Update | *If applicable* |  | Date |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Triennial Review | *If applicable* |  | Date |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you a sign off mentor** | **YES** |  | **NO** |  |

***Please append copies of certificates or letters of confirmation as evidence of undertaking a Mentor Preparation Programme / Mentorship Skills Update / Triennial Review / Sign off Status***

Current managers support for you to hold a mentor role

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of manager |  |  | Signature |  |
| Designation |  |  | Date |  |

I confirm that the information I have provided is accurate at the time of writing

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Specimen signature |  |  | Date of signature |  |

*When completed this form* ***MUST*** *be sent to Sally Carline, Administrator for Mentor Register, Faculty of Health and Social Care, The University of Hull, Cottingham Road, Hull HU6 7RX*

|  |  |
| --- | --- |
| **For Admin Use Only** : Date recorded onto Live PPQA Mentor Register : |  |