

## Faculty of Health and Social Care (FHSC)

## **Mentor Award Nomination Form**

If you are applying for a place on the mentor award this nomination form should be completed as part of the application process. The form should be filled in by you and signed by your line manager to demonstrate that you meet the entry criteria. Should you fail to complete any of the sections or if you appear not to meet the required criteria you will be contacted by a member of the academic staff to discuss the options available.

## Failure to provide this completed form will prevent your application from progressing any further.

Please print clearly in black ink, thank you. Full Name ...... Grade ..... Designation ..... Professional Qualifications (please give dates and state which part of the register) Current PIN number..... Renewal date Place of work Type of care given..... п Is the placement audited by FHSC? (Please tick appropriate box) Yes No П Is the placement used for learners e.g. student nurses/midwives/ODPs? Yes No Will you have access to a gualified mentor on the FHSC live register? Yes No You will be supported to achieve a minimum of 3 hours per week allocated learning time for mentor activity excluding university study days? Yes No You will be supported to access a minimum of 6 study days required to complete the module?  $_{\Box}$ Yes No Will you have access to learners from other professions on a regular basis? Yes п No Please identify these professions ..... ..... Will you be able to contribute to the assessment of these other professionals under supervision? Yes No 

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 THIS INFORMATION SO YOU CAN START THE PROGRAMME.	MENTOR. IT IS IMPERATIVE	THAT WE HAVE
Please give their Name, designation, and qualifications		
Please provide their work email address and contact details		
DECLARATION BY LINE MANAGER:		
As far as possible I can confirm that the information on this fo	rm is accurate and complete	
Line Manager's Name	Designation	
Signature	Date	