

**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)

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.....

Current PIN number..... Renewal date .....

Place of work .....

Type of care given.....

Is the placement audited by FHSC? (Please tick appropriate box) Yes   
No

Is the placement used for learners e.g. student nurses/midwives/ODPs? Yes   
No

Will you have access to a qualified 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? Yes   
No

Will you have access to learners from other professions on a regular basis? Yes   
No

Please identify these professions

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.....

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 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.....