

# Postgraduate Certificate: Pratice Teacher Nomination Form

If you are applying for a place on the above programme 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)

Have you previously been prepared as a mentor or met the learning outcomes for acting as a mentor?

Yes  
No

When did you last act as a mentor?

Date

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. SCPHN students, community nursing students?

Yes  
No

Will you have access to a qualified practice teacher / specialist practice mentor on the FHSC live register?

Yes  
No

Please give their Name, designation, and qualifications

Do you work in an inter-professional environment, which supports students from other professions?

Yes  
No

If Yes Please give examples:

Are you able to support NMC mentors and other professionals in applying profession specific assessment criteria for students?

Yes  
No

Will you be able to provide leadership to those involved in supporting and assessing practice for NMC students?

Yes  
No

You will be supported to engage in a minimum of 14 days allocated learning time to work on the Virtual learning environment (VLE) this is in addition to the University study days?

Yes  
No

Your Signature

Date

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