Attend for mentoring
Practitioner acknowledgement

Practitioner's Details
Monitoring & Compliance number
Name (Last, First)

Practitioner's Declaration
By signing this form, I acknowledge and confirm:

1. AHPRA may contact the approved mentor for the purposes of obtaining reports. These reports may be obtained on the following occasions:
   a. on the timeframe outlined in the conditions on my registration requiring that I attend for mentoring
   b. at the conclusion of the mentoring relationship in order to confirm the outcomes of the mentoring
   c. whenever the mentor has a concern or becomes aware of a concern regarding my conduct or professional performance, and
   d. when otherwise requested by AHPRA or the Board.

2. I am aware that, at the conclusion of the mentoring I must provide a written report, demonstrating to the satisfaction of the Board, that I have reflected on the issues that gave rise to the condition requiring that I attend for mentoring, and how I have incorporated the lessons learnt in the mentoring and confirming that I have not included the mentoring or the preparation of this written report to satisfy my continuing professional development requirements.

Practitioner's signature
Date

Return form to
Case officer
Email
Post

Page 1 of 1
Attend for mentoring - Practitioner acknowledgement
Attend for mentoring
Nomination of mentor

Practitioner’s Details

<table>
<thead>
<tr>
<th>Monitoring &amp; Compliance number</th>
<th>Name (Last, First)</th>
</tr>
</thead>
</table>

Practitioner’s Declaration

By signing this form, I acknowledge and confirm:

1. The nominated mentor is not in a close collegiate, family, social or financial relationship with me.
2. The nominated mentor is senior to me by either years of experience or position and/or has additional training, experience or qualifications in order to provide the mentoring required.
3. I have provided the nominated mentor with the contact details of my AHPRA case officer.
4. I have provided the nominated mentor with a copy of the conditions on my registration.
5. The nomination is accompanied by a written mentoring plan, outlining the form the mentoring will take, how it will address the Board’s concerns and the proposed schedule for mentoring.

Practitioner’s signature: 

Date: 

Nominee Details

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Registration number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place of Practice</td>
<td></td>
</tr>
<tr>
<td>Postal address</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Contact numbers</td>
<td></td>
</tr>
</tbody>
</table>

Return form to

Case officer: 

Email: 

Post: 

Page 1 of 1   Attend for mentoring - Nomination of mentor
### Practitioner's Details

<table>
<thead>
<tr>
<th>Monitoring &amp; Compliance number</th>
<th>Name (Last, First)</th>
</tr>
</thead>
</table>

### Nominee Details

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Registration number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place of Practice</td>
<td></td>
</tr>
<tr>
<td>Postal address</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Contact numbers</td>
<td></td>
</tr>
</tbody>
</table>

### Nominee Declaration

By signing this form, I acknowledge and confirm:

1. I am a registered health practitioner who holds unrestricted registration with the Board.
2. I have provided a copy of my curriculum vitae which demonstrates I am senior to the Practitioner by either years of experience or position and/or I have additional training, experience and/or qualifications in order to provide the mentoring required.
3. I am not in a close collegiate, family, social or financial relationship with the Practitioner.
4. I have seen the conditions on the Practitioner’s registration as demonstrated by my signature on the attached schedule of conditions.
5. I agree to my nomination as mentor and I am willing to undertake this role should I be approved to do so.
6. I have seen and participated in the development of the mentoring plan that accompanied my nomination.
7. I am aware that, should I be approved to act as mentor, reports may be sought from or provided by me on any of the following occasions:
   a. on the timeframe outlined in the conditions on the Practitioner’s registration requiring they attend for mentoring
   b. at the conclusion of the mentoring relationship in order to confirm the outcomes of the mentoring
   c. whenever I have a concern or become aware of a concern regarding the Practitioner’s conduct or professional performance, and
   d. when otherwise requested by AHPRA or the Board.
8. I am aware that these reports may be provided to the Board and should include details of the number of mentoring session[s] including details of whether or not the Practitioner has, in my opinion, satisfactorily participated in and understood the focus of the mentoring.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

### Return form to

<table>
<thead>
<tr>
<th>Case officer</th>
<th>Email</th>
<th>Post</th>
</tr>
</thead>
</table>