

# Ahpra Protocol

## Complete mentoring

This protocol applies to restrictions imposed or accepted from **16 September 2024**

Australian Health Practitioner Regulation Agency  
National Boards

GPO Box 9958 Melbourne VIC 3001 [Ahpra.gov.au](https://www.ahpra.gov.au) 1300 419 495

Ahpra and the National Boards regulate these registered health professions: Aboriginal and Torres Strait Islander health practice, Chinese medicine, chiropractic, dental, medical, medical radiation practice, midwifery, nursing, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, physiotherapy, podiatry and psychology.

# Ahpra Protocol: Complete mentoring

## Overview

This Ahpra Protocol - *Complete mentoring* (the Protocol) sets out the requirements that apply to practitioners with a registration restriction for [mentoring](#). We monitor compliance with this restriction to protect patient safety.

You will receive a monitoring plan that details contact information, due dates, and the information you will need to provide to show that you are complying with your restrictions. The plan will be updated as you complete the requirements. Read your monitoring plan in conjunction with the Protocol/s.

The Ahpra website and [Register of practitioners](#) is located at <https://www.ahpra.gov.au>. Monitoring and compliance information is available under the Registration section. The online Protocols and forms are available from the [National Restrictions Library 2.0](#) section of the monitoring and compliance web page.



In this Protocol:

'Restriction' and 'Restrictions' refers to:

- conditions and undertakings on your registration that are related to the requirements of this specific Protocol

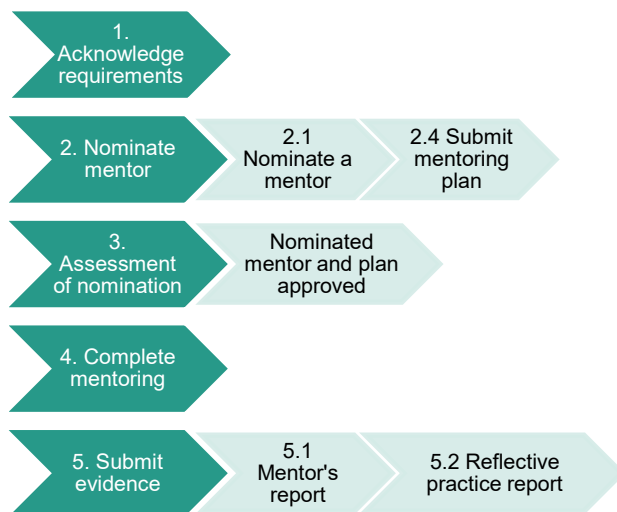
'We' 'us' and 'our' refers to:

- the Australian Health Practitioner Regulation Agency (Ahpra),
- the Board for the health profession you're registered for.

The Protocol includes:

- individually numbered paragraphs and sub-paragraphs to help you navigate the requirements.
- highlighted requirements that you must follow using this symbol: ▲
- clarifying information and advice from us to help you follow the requirements, using this symbol: ⓘ
- terms that we define in specific ways. The first time we use one of these terms, we've hyperlinked these to their [definitions](#) for your reference

The Protocol's requirements fall into five main areas.



# Requirements

## 1. Acknowledge the requirements

### 1.1 Practitioner Acknowledgement

- 1.1.1 You must acknowledge the requirement of the restriction and the *Ahpra Protocol: Complete mentoring* (the Protocol) within 30 calendar days of the restriction start date.
- 1.1.2 Complete the [Form \[HPA.2.16\]](#): Complete mentoring - Practitioner Acknowledgement Form.

## 2. Nominate mentor

### 2.1 Nominate mentor

- 2.1.1 You must provide the following information within 60 calendar days of the restriction start date:
- 2.1.2 You must complete the [Form \[HPN.2.16\]](#): Complete mentoring - Nomination of Mentor Form.
- 2.1.3 The nominee must complete the [Form \[NMA.2.16\]](#): Complete mentoring – Mentor Acknowledgement Form and include a copy of the nominated mentor's curriculum vitae (CV).
- 2.1.4 You may also choose to submit the mentoring plan with your nomination.

### 2.2 Requirements for mentors

- 2.2.1 Your nominated mentor must hold registration as a registered health practitioner and the submitted CV must demonstrate they have the skills, training, experience and/or qualifications necessary to conduct the mentoring in the required areas of focus.
- 2.2.2 Both you and your nominee must declare any actual, potential, or perceived conflicts of interest. If requested by Ahpra, you must provide information on how you will manage the conflict.



A mentor must be able to give an independent report of the mentoring and be willing to provide reports to us if they identify concerns with your conduct, performance, or compliance with your restrictions. A conflict of interest may arise from being in a collegiate, family, social or financial relationship which could be compromise the nominee's judgment, decisions, or actions in performing their nominated role.

We will consider your nominee's regulatory history to determine whether they are appropriate to provide the mentoring on the required topic(s).

Nominations that don't meet the above requirements may be considered in extenuating circumstances. Nominations not meeting the above requirements usually require longer timeframes for consideration.

We may refuse your nomination.

### 2.3 Information to be provided to nominated mentor

- 2.3.1 You must provide your nominated mentor with a copy of the mentoring restrictions, this Protocol, and the contact details of your case officer or team.



It is expected that you will share the reasons for the requirement for mentoring including the areas of concern identified when imposing restrictions. This will ensure that your mentor has a full understanding of the areas of concern to be addressed by the mentoring.

We may provide your nominated mentor with details of the reasons for requiring you to undertake mentoring.

For more information refer to the [Appendix- Information for mentors](#) in this Protocol.

## 2.4 Mentoring plan

**i** You may submit your mentoring plan with your nomination of a mentor, or, after we have considered and approved the mentor.

- 2.4.1 You must provide a written mentoring plan within 30 calendar days of the date of approval of the mentor.
- 2.4.2 Your mentoring plan must be developed with and endorsed by the approved mentor.
- 2.4.3 Your mentoring plan must outline how the topics required will be addressed, and provide the following information:
- the minimum number of sessions and duration of each session
  - the frequency of sessions
  - learning outcomes
  - the timeframe for completion of the mentoring
  - how learning outcomes will be assessed, and
  - any resources or reference materials to be used.

## 3. Assessment of mentor nomination

**i** We will consider the suitability of your nominated mentor and your mentoring plan, and whether it adequately addresses the concerns identified. Only mentoring undertaken by an approved mentor and in accordance with an approved mentoring plan can be used to satisfy the requirements of your restrictions.

You will be advised if your nomination is approved.

Incomplete nominations will not be considered for approval. Where you provide an incomplete nomination, or repeatedly fail to make a nomination that adequately addresses the identified concerns, we may consider this as non-compliance and/or consider whether further regulatory action is required.

We may refuse your nomination of a mentor or, request changes to the mentoring plan. In circumstances where your nomination is refused, it is not always possible to provide detailed reasons to you to protect your nominated mentor's privacy.

## 4. Complete mentoring

### 4.1 Timeframes and reporting.

- 4.1.1 You must complete the required mentoring within the timeframe for completion provided in your restrictions.
- 4.1.2 You must provide regular mentor reports from your approved mentor at the specified frequency, found in your monitoring plan.

## 5. Submit evidence

### 5.1 Evidence of completion

- 5.1.1 You must submit a final mentor report from your approved mentor and a reflective practice report within the timeframe for completion provided in your restrictions.
- 5.1.2 This requirement is in addition to any regular reporting requested from your mentor.

- ① Your mentor may also provide a report to us if they have a concern or become aware of a concern regarding your conduct or performance, or if you don't attend the mentoring at the required intervals.

We may contact your mentor in relation to the reports to clarify any information required.

## 5.2 Mentor's report

5.2.1 You must provide a report from the approved mentor which confirms whether the mentoring was completed in accordance with the approved mentoring plan and whether the learning outcomes were met.

5.2.2 The report must include whether:

- the required number and duration of sessions were successfully completed over the required duration,
- you satisfactorily participated in and understood the mentoring including any preparation sessions,
- qualitative and quantitative outcomes and any areas where the intended development was not achieved,
- improvements you intend to or have implemented related to the concerns that led to the restriction such as policies, procedures, templates, or ongoing audits.

- ① The mentor's report will be used to confirm your compliance with the restriction.

We may contact the approved mentor to verify the contents of the report at the conclusion of the education.

For more information refer to the [Appendix- Information for mentors](#) in this Protocol.

## 5.3 Reflective practice report

5.3.1 You must write and submit a reflective practice report after you have completed the required mentoring and within the timeframe for completion detailed in your restrictions.

5.3.2 You must provide evidence that you have incorporated changes to your practice that are appropriate to the focus of the mentoring and severity of the concerns identified.

5.3.3 The completion of the reflective practice report cannot be used toward the required number of hours or duration of the required mentoring.

- ① The report must demonstrate to our satisfaction that you have reflected on the concerns that gave rise to the restriction requiring you to complete mentoring, and that the mentoring has successfully addressed the original concerns that led to the restrictions.

You can find further information on writing a reflective practice report in the [Information sheet – Reflective reports \(mentoring\)](#) on Ahpra's website.

We may require a further reflective report or propose alternative regulatory action if we are not satisfied that your reflective report addresses the original concerns.

We may invite you to attend a reflective practice discussion. A discussion may be offered if your reflective practice report does not satisfactorily demonstrate that you have reflected on the concerns that resulted in the requirement for education.

## 6. Withdrawal of approved mentor

### 6.1 Notify us and submit new nomination

6.1.1 In the event your approved mentor is no longer willing or able to provide the mentoring required, you must notify your Ahpra case officer or team as soon as possible and provide a new nomination within 30 calendar days.

6.1.2 The nomination must meet the same terms as outlined in section 2.

6.1.3 Within 30 calendar days of approval of your new nominated mentor you must either provide:

- a mentoring plan written by the new nominated mentor in the same terms as section 2.4, or
- endorsement from the new nominated mentor that the previously approved mentoring plan remains appropriate (with details of any amendments required).

**i** The new nomination must include a mentoring plan.

This can be a newly developed plan, or the new nominated mentor may amend or endorse the existing plan if they agree that it is appropriate.

The plan will require approval before commencement.

## 7. Extensions of time

**i** An extension of time may be permitted on a case-by-case basis for you to:

- nominate a mentor,
- provide a copy of your mentoring plan,
- complete your mentoring, or,
- provide your mentor report and/or reflective practice report.

Extensions may be considered in the following circumstances:

- A third party requires additional time to provide the required information, or,
- In extenuating circumstances such as significant ill health, or other events outside of your direct control.

Evidence of the basis of the request may include evidence of engagement with third parties such as education consultancies, professional associations, or registered health practitioners, medical certificates or other documentation evidencing steps taken to comply with your restrictions.

### 7.1 Requesting an extension

7.1.1 If you require an extension of time, you must provide a written request prior to the due date detailed in your monitoring plan.

7.1.2 When requesting an extension, you must provide a proposed timeframe for completion of the requirement.

7.1.3 You must indicate the reason for your request and may be required to provide evidence of the basis of the extension.

**7.1.4 If you are granted an extension, you must complete the relevant action or requirements within the extended timeframe.**



### 7.2 Change of circumstances

7.2.1 You must contact your Ahpra case officer or team as soon as possible if you have had a change in your circumstances or are unable to comply with the requirements for any reason. See your monitoring plan for contact information.

## 8. Costs

### 8.1 Responsibility for costs

8.1.1 You are responsible for all costs associated with complying with this restriction and Protocol.

## 9. Privacy

### 9.1 Collection of personal information.

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We are committed to protecting your personal information.

The ways in which we may collect, use and disclose your information are set out in our [Privacy Policy](#).

The privacy policy and further information regarding [Ahpra's Privacy, Freedom of Information and Information publication scheme](#) is available on Ahpra's website.

## Definitions

For the purposes of the restrictions and this Protocol the following terms are defined:

Term	Definition
<b>Mentoring</b>	A relationship in which a skilled registered practitioner (the mentor) helps to guide the professional development of another practitioner.

## Appendix A: Information for mentors

### 1. Introduction

Mentoring is the practice of helping and advising a health practitioner when concerns have been identified with the way they are practising or with their professional conduct. The mentoring is conducted through a formal program and reported to us to affirm the practitioner can and will safely practise the profession.

Restrictions (conditions and undertakings) are placed on a practitioner's registration when they consider it necessary to protect the public.

This information sheet is to help the approved mentor and the restricted practitioner (the mentee) better prepare for the mentoring arrangement and understand our expectations of them during the arrangement.

Mentoring the professional development of another health practitioner with a mentoring restriction is an important responsibility. In a mentoring arrangement we rely on the approved mentor to ensure the mentee practises to the expected standard.

Your service to the community and support of your colleague in acting as mentor is appreciated and we thank you for taking this important role.

### 2. Ensuring integrity of the mentoring arrangement

Mentors are required to provide an independent report to us of the mentoring outcomes and must immediately report to Ahpra any concerns that the mentee's practice may be placing the public at risk.

To ensure the integrity of the mentoring arrangement, both the mentor and mentee have the responsibility to inform Ahpra of any actual or perceived conflicts of interest, or concerns, that might undermine the impartial and accurate assessment of the mentoring.

Any conflict of interest or concerns, whether existing or potential, must be declared prior to commencement of the mentoring arrangement, and at any point such a situation develops during the mentoring.

- i** An actual or perceived conflict of interest occurs when a fair-minded observer might reasonably believe that the outcome of the mentorship arrangement may be influenced by a close collegiate, family, social or financial relationship or any other relevant circumstances between mentor and practitioner.

### 3. Developing a mentoring plan

It is the mentee's responsibility to develop the mentoring plan and submit it to us for approval; however, the mentoring plan must be developed in consultation with the approved mentor. To assist in the development of the mentoring plan, it is expected that the practitioner shares the reasons for the requirement for mentoring, including the areas of concerns identified when the restriction was imposed.

An effective mentoring plan demonstrates good understanding of our concerns about the mentee's performance or conduct and must include initiatives specifically targeted at addressing those concerns.

**An effective plan includes but is not limited to the following:**

- A schedule of the planned mentoring arrangement which complies with any specific requirements stated in the conditions, pertaining to:
  - the number of sessions (for example, 4 sessions)
  - the duration of each session (for example, 1 hour per session)
  - the duration of the mentoring arrangement (for example, the mentoring to occur over a 3-month period), and
  - the reporting framework if required (for example, monthly reports to be submitted to us).
  - Details of the concern(s) that will be addressed in each mentoring session.



- Type and description of activities that will be undertaken and the relevant resources that will be used at each session:

The planned activities must directly relate to, and address, the concerns that led to the imposition of the mentoring restriction. The concerns are identified within the restrictions published to the national register and in our reasons for imposition.



Types of activities may include, but are not limited to:

- discussions
- practice and/or demonstration of activities/tasks
- completion of readings/case study/assignments/online modules
- observing mentor and/or other practitioners in their practise
- viewing 3<sup>rd</sup> party presentations on relevant topic/area
- review of case notes/forms/reports
- Details on the logistics of the mentoring sessions, for example whether in-person, via online video chat or a combination of both, whether at the mentor's or mentee's place of work or a third-party's location.
- Information about evaluation and assessment methods that will be used to evidence the mentee's competence, and the minimum expected outcome that will demonstrate attainment of the required standard of skill and knowledge.
- Mentee's signature committing to the plan, and the mentor's signature as evidence of support of the developed plan.



Present the details of the mentoring plan in a format/layout that is easy to read and reference; it is recommended that the information be presented in a table. If required, an example of a mentoring plan has been provided below.

## 4. Reporting on the mentoring arrangement

The mentor agrees to prepare and submit a written report or reports about the mentoring or whenever they have a concern about the mentee's performance or conduct.

An effective mentoring report should contain sufficient relevant information to determine whether the concerns which gave rise to the mentoring restriction have been addressed. The report is forwarded by the mentor to Ahpra.

**The mentor's report is expected to include, but not be limited to:**

- Whether the required number and duration of sessions were successfully completed over the required duration of the arrangement.
- Reflection on the level of the mentee's insight. Their ability to reflect upon and recognise shortcomings in their professional performance or conduct practice and the need for improvement.
- Reflection on the engagement and attitude of the mentee, their level of preparation, participation, proactivity and productivity throughout the mentoring arrangement.
- Report on the mentee's success in completing the program including qualitative and quantitative outcomes and any areas where the intended development was not achieved.
- Any relevant issues encountered that may have impacted on the delivery or effectiveness of the mentoring arrangement, without compromising the intended outcome. For example, an illness/injury to the mentee during the mentoring that prevented them from fully completing a preparatory task for a session.
- Improvements the mentee plans to or has implemented related to the concerns that led to the restriction such as policies, procedures, templates or ongoing audits.
- Whether the outcomes of the mentoring have been discussed with the mentee.
- Any other potential issue(s) identified apart from the concerns that led to the imposition of the

restriction.

- Recommendations for us to consider such as required changes to how the mentee practises the profession, further education/training, or upskilling.

## 5. How will the mentoring report be used?

We will use the mentoring report to help determine whether the practitioner has successfully improved their performance or conduct to the standard required of the profession.

The report will not routinely be released to the mentee. However, if we rely on the report to take any further regulatory action against the practitioner, the report will be released. We may also have to disclose the report if this is required by law.



### Collection of personal information

We are committed to protecting your personal information. The ways in which we may collect, use and disclose your information are set out in our [Privacy Policy](#).

The privacy policy and further information regarding [Ahpra's Privacy, Freedom of Information and Information publication scheme](#) is available on Ahpra's website.

## 6. Rights and obligations of the mentor

Mentors perform an important function for the purposes of the National Law. In agreeing to undertake the mentoring, the mentor confirms that they are aware of the following rights and obligations and agrees to notify Ahpra and withdraw from the mentoring if they cannot meet these obligations. A mentor, for any other personal reason, may withdraw from the mentoring at any time by notifying us..

### General duties

Mentors must undertake the mentoring:

- in good faith
- in a financially responsible manner, and
- with a reasonable degree of care, diligence, and skill.

A mentor must not use their role as mentor, or any information that becomes available to them through this role, to gain an advantage for themselves or someone else or to cause damage to the operation of the National Registration and Accreditation Scheme.

### Duty of confidentiality

Protected information is information that comes to the knowledge of the mentor from their participation in the mentoring arrangement. Mentors must not disclose protected information unless:

- it is necessary to carry out the mentoring
- is required by law, or
- the person the information relates to consents to the disclosure.

All information provided to the mentor, must be:

- securely stored to ensure confidentiality is maintained
- securely returned to Ahpra when requested, or
- destroyed when it is no longer needed to carry out the mentoring unless legally required to keep it (such as record keeping obligations).

### Protection from personal liability

Ahpra provides protection from personal monetary liability for anything done, or omitted, in good faith in carrying out the mentoring.

## Mandatory reporting

As a registered health practitioner, the mentor has a mandatory reporting responsibility under the National Law. If while mentoring, you form a reasonable belief that the mentee or any other registered health practitioner has behaved in a way that constitutes 'notifiable conduct' you must notify Ahpra.

- ① Further information on what constitutes 'notifiable conduct' and about how to make a mandatory notification can be found on the [Making a mandatory notification](#) page on Ahpra's website.

## 7. Costs

All costs associated with the mentoring arrangement and the provision of the report are borne by the mentee.

## 8. Submitting a complaint about Ahpra

We are committed to service excellence. Our [service charter](#) sets the standard of service you can expect when interacting with us. Our commitment to you is to be fair and respectful, transparent, responsive, empathetic and accountable. In return, [what we ask of you](#) when engaging with us is to please be courteous, clear, give us time to respond and be understanding if our response is limited by our legal obligations.

Anyone concerned about our service delivery or administrative actions can make a complaint.

- ① For more information on how we manage complaints, please see the [Complaints and feedback](#) page on Ahpra's website. You can submit a complaint via our online complaint form.

## Appendix B: Example of a mentoring plan

This fictional example is for a restriction that requires mentoring in relation to obtaining patient history, medication administration and interacting with vulnerable patients and to complete a minimum of four (5) sessions with each session being of one (1) hour in duration, occurring over a four (5) month period.

*These example activities are not to be used in any genuine mentoring plan.*

Session	Concern(s) addressed	Type of Activity & detail of resource(s)	Brief description of activity	Evidence of competency	Logistics
#1 1 hour	Obtaining full patient history	<p>Discussion with mentor</p> <p>Review of records/forms</p> <p>- sample admission form, 'mock' completed admission forms (positive and negative examples)</p> <p>Reading (for Session #2) – <a href="#">Dept of Health and Aged Care Administrative record keeping guidelines</a></p>	<p>Discussion on importance of accurate patient details, medical history, and informed consent / capacity to provide consent</p> <p>Review of admission process &amp; information requested in admission forms</p> <p>Preparatory reading for Session #2</p>	<p>Correctly identify, within the 'mock form', all issues / concerns / omissions / partial disclosures relating to:</p> <ul style="list-style-type: none"> <li>personal details of patient</li> <li>allergies/sensitivities</li> <li>current medications</li> <li>details of past treatments</li> <li>emergency contacts</li> <li>patient's knowledge of treatment / procedure that will be undertaken</li> <li>patient's signed consent or guardian consent</li> </ul> <p>Demonstrate during role-play appropriate questioning to obtain required information, and verify details provided by patient.</p> <p>Reflect on the role-play scenario the consequences of incomplete / insufficient patient information and any follow-up action that may be required.</p>	<p>Face-to-face meeting at mentor's place of work</p>
#2 1 hour	Obtaining full patient history	<p>Discussion with mentor</p> <p>Role play/practical exercise – 'mock' completed admission form</p> <p>Reading (for Session #3):</p> <ul style="list-style-type: none"> <li><i>Controlled Substances (Poisons) Regulation 2011 (SA) – Parts 4 and 5</i></li> <li><i>SA Health fact sheet – Drugs Dependence Unit – RN &amp; EN and Midwives' obligations</i></li> </ul>	<p>Review reading and reflect on current practise against guideline</p> <p>Discussion on recommended questioning:</p> <ul style="list-style-type: none"> <li>to clarify / verify details in 'mock' form</li> <li>to elicit required information for partial disclosures</li> </ul> <p>Role play with mentor - admitting a patient, identify concerns on a 'mock' admission form</p> <p>Discussion on when / how to escalate concerns in practise situation</p>	<p>Correctly identify, within the 'mock form', all issues / concerns / omissions / partial disclosures relating to:</p> <ul style="list-style-type: none"> <li>personal details of patient</li> <li>allergies/sensitivities</li> <li>current medications</li> <li>details of past treatments</li> <li>emergency contacts</li> <li>patient's knowledge of treatment / procedure that will be undertaken</li> <li>patient's signed consent or guardian consent</li> </ul> <p>Demonstrate during role-play appropriate questioning to obtain required information, and verify details provided by patient.</p> <p>Reflect on the role-play scenario the consequences of incomplete / insufficient patient information and any follow-up action that may be required.</p>	<p>Face-to-face meeting at mentor's place of work</p>

			Preparatory readings for Session #3	Mentor's interim report to the Board as required by the restrictions.	
#3 1 hour	Procedure for accessing and recording the Dangerous Drugs Act (DDA) cupboard and/or Register	Discussion with mentor Case study Preparatory reading (between Sessions #3 and #4) – online resource on <a href="#">medication calculation from Healthcare Australia</a>	Review readings Analyse case study focusing on compliance of scenario with the current regulations and guidelines Complete a written assessment based on the case study (15 questions in 20minutes) – short answer, and true / false, questions Preparatory readings for Session #4	Correctly identify all non-compliant issues within case study scenario. Achieve 100% correct response for questions in the written assessment. If less than 90% correct answers achieved, an additional 30mins session will be arranged to practice calculation and re-do the case study. If 90% correct answers achieved, practitioner be allowed to attempt the incorrect questions one more time; if still incorrect, an additional 30mins session will be arranged to practice calculation and re-do the case study. Reflect on current practise against regulation / obligations in readings	Online meeting
#4 1 hour	Medication calculations	Demonstration and practice exercise Medication calculation worksheet developed by mentor focusing on: <ul style="list-style-type: none"> <li>Finding volume required</li> <li>Using proportions with liquid solutions</li> <li>Flow rate formula</li> <li>Medication dosage by body weight</li> </ul> Preparatory reading for Session #5	Review of online resource, and reflection on consequences of incorrect medication calculation Calculation demonstration by mentor followed by mentee to complete a calculation worksheet (15 questions in 20 minutes) Preparatory readings for Session #5	Achieve 100% correct answers for questions in the calculation worksheet. If less than 90% correct answers achieved, an additional 30mins session will be arranged to practice calculation and re-do worksheet. If 90% correct answers achieved, practitioner be allowed to attempt the incorrect questions one more time; if still incorrect, an additional 30mins session will be arranged to practice calculation and re-do the case study.	Face-to-face meeting at mentor's alt. place of work

<p>#5 1 hour</p>	<p>Interacting and communicating with vulnerable patients</p>	<p>Discussion with mentor Role play/practical exercise</p> <ul style="list-style-type: none"> <li>• Demonstrate awareness of how to assess emotional and behavioural cues in communication including recognising when one's approach is unwelcome.</li> <li>• Demonstrate an understanding of the specific circumstances which require particular attention or action in order to maintain professionalism; for example, avoiding the expression of a one's personal beliefs to patients in ways that exploit their vulnerability or that are likely to cause them distress.</li> </ul> <p>National Board's Code of conduct</p>	<p>Review of National Board's Code of conduct.</p> <p>Discussion on importance of good practice in relation to patients who may have additional needs.</p> <p>Role play with mentor – interacting with a patient living with a cognitive disability and who expresses a determined view about the types of treatment required.</p> <p>Preparation for finalising mentoring including requirements for writing the reflective practice report.</p>	<p>Demonstrate during role-play identification of emotional behavioural cues and respond appropriately to those cues.</p> <p>Reflection on the role-play scenario identifies the consequences of poor communication and any further improvement in knowledge, skills and behaviour that may be required</p> <p>Mentor's final report to the Board as required by the restrictions.</p>	<p>Face-to-face meeting at mentee's place of work</p>
<p><b>Practitioner (Mentee) Name:</b></p>		<p><b>Registration number:</b></p>	<p><b>Signature:</b></p>	<p><b>Date:</b></p>	