



Complete mentoring:

Practitioner acknowledgement

Completing this form

- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:
- If available on your computer or device, you may be able to complete and sign this form electronically. Otherwise, print, complete, sign and return a scan or clear photo of the form.

Collection of personal information and health 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](#).

Further information regarding [Ahpra's privacy, Freedom of information and information publication scheme](#) is available on Ahpra's website.

Practitioner details

Practitioner legal name (first and last)

Compliance or registration number

Practitioner acknowledgement

By signing this form I acknowledge and confirm I have read and understood the restrictions on my registration, the *Ahpra Protocol: Mentoring* and, if required, *the Ahpra Protocol: Audit*.

Date

 / /

Signature



SIGN HERE

When completed, return this form to compliance@ahpra.gov.au

You may contact Ahpra on 1300 419 495



Complete mentoring: Nomination of mentor

Completing this form

- Print clearly in **BLOCK LETTERS**
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Practitioner details

Practitioner name (first and last)

Compliance or registration number

Nominee details

Name (first and last)

Registration number (if registered)

Profession

Email

Telephone

Practitioner's declaration

By checking the following box and signing this form, I acknowledge and confirm:

- I do not have any actual or perceived conflict of interest with the nominee.
- I have provided the nominee with a copy of the *Ahpra Protocol: Complete mentoring*, and the restrictions on my registration.
- I am aware that Ahpra may provide a copy of the restrictions to the nominee if required.
- I have provided the nominee with the contact details of my Ahpra case officer or team.
- I understand and agree that Ahpra may use, collect and disclose my information in accordance with the [Privacy Policy](#)

Date

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Signature

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Complete mentoring: Mentor acknowledgement

Completing this form

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Collection of personal information and health information

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Further information regarding [Ahpra's privacy, Freedom of information and information publication scheme](#) is available on Ahpra's website.

Practitioner details

Practitioner name (first and last)

Compliance or registration number

Nominee details

Name (first and last)

Registration number

Profession

Email

Telephone

Mentor acknowledgement

By checking the following boxes and signing this form, I acknowledge and confirm:

- I am a registered health practitioner and I do not have any actual or perceived conflict of interest with the practitioner.
- I have received a copy of the *Ahpra Protocol: Complete mentoring*.
- I have received a copy of the restrictions on the practitioner's registration, and I am aware of the reasons for the restrictions imposed.
- I have developed and written the required mentoring plan with the practitioner.
- I am aware that, for the purposes of monitoring the practitioner's compliance, Ahpra will request reports from me to provide information about the outcome of the mentoring and I agree to provide the reports at the required frequency.
- I have been provided the contact details of the Ahpra case officer or team.
- I understand and agree that Ahpra may use, collect and disclose my information in accordance with the [Privacy Policy](#).

Date

 / /

Signature

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You may contact Ahpra on 1300 419 495