



Attend for mentoring Practitioner acknowledgement

Practitioner's details

Name	Monitoring & compliance number
<input type="text"/>	<input type="text"/>

Practitioner's declaration

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

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

Signature	Date
<input type="text"/>	<input type="text"/>

When completed, return this form to:

Case officer

Ahpra
GPO Box 9958
IN YOUR CAPITAL CITY (*refer below*)

Email

Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001
Brisbane QLD 4001	Adelaide SA 5001	Perth WA 6001
Hobart TAS 7001	Darwin NT 0801	



Attend for mentoring
Nomination of mentor

Practitioner's details

Name Monitoring & compliance number

Nominee's details

Name (Last, First) Registration number

Place of practice

Postal address

Contact number Email

Practitioner's declaration

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

- The nominated mentor is not in a close collegiate, family, social or financial relationship with me.
- 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.
- I have provided a copy of the nominated mentor's curriculum vitae to demonstrate they are senior to me by either years of experience or position and/or have additional training, experience or qualifications in order to provide the mentoring required.
- I have provided the nominated mentor with a copy of the conditions on my registration and the contact details of my Ahpra case officer.
- This 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.

Signature

Date

When completed, return this form to:

Case officer

Ahpra
GPO Box 9958
IN YOUR CAPITAL CITY (*refer below*)

Email

Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001
Brisbane QLD 4001	Adelaide SA 5001	Perth WA 6001
Hobart TAS 7001	Darwin NT 0801	



Attend for mentoring
Nominee acknowledgement

Practitioner's details

Name Monitoring & compliance number

Nominee's details

Name (Last, First) Registration number

Place of practice

Postal address

Contact number Email

Nominee's declaration

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

- I am a registered health practitioner who holds unrestricted registration with the Board.
- 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.
- I am not in a close collegiate, family, social or financial relationship with the Practitioner.
- I have received a copy of the conditions on the Practitioner's registration as well as the contact details of the Ahpra case officer.
- I have seen and participated in the development of the mentoring plan that accompanied my nomination.
- 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.

- 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.

Signature <input type="text"/>	Date <input type="text"/>
--	-------------------------------------

When completed, return this form to:

Case officer <input type="text"/>	Ahpra GPO Box 9958 IN YOUR CAPITAL CITY (<i>refer below</i>)
Email <input type="text"/>	

Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001
Brisbane QLD 4001	Adelaide SA 5001	Perth WA 6001
Hobart TAS 7001	Darwin NT 0801	