



Attend for mentoring Practitioner acknowledgement

Practitioner's details

Name

Monitoring & compliance number

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:
- 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.
- ☐ 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

When completed, return this form to:

Case officer

Email

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

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

Nominee's details

Name (Last, First)	Registration number
<input type="text"/>	<input type="text"/>
Place of practice	
<input type="text"/>	
Postal address	
<input type="text"/>	
Contact number	Email
<input type="text"/>	<input type="text"/>

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
<div></div>	<div></div>

When completed, return this form to:	
Case officer	Ahpra
<div></div>	GPO Box 9958
	IN YOUR CAPITAL CITY <i>(refer below)</i>
Email	
<div></div>	
	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
<input type="text"/>	<input type="text"/>

Nominee's details

Name (Last, First)	Registration number
<input type="text"/>	<input type="text"/>
Place of practice	
<input type="text"/>	
Postal address	
<input type="text"/>	
Contact number	Email
<input type="text"/>	<input type="text"/>

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

Date

When completed, return this form to:

Case officer

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

Email

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