Additional NMC mentor/Associate mentor sheet

To be completed by you and your mentors and attached to the Placement details Tab in your ePAD

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Placement Area |  | | | Module code | |  |
| Dates of Placement | from | | until | | | |
| Placement Contact Number |  | | | | | |
|  | | | | | | |
| NMC Mentor name (please print)  *(as appears on local mentor register)* |  | | | | | |
| Date of mentor qualification *Mentors are reminded that they are required by the NMC to affirm that they have attended at least one mentor update in the preceding 12 months* |  | | | | | |
| Date annual mentor update completed  *Mentors are reminded that they are required by the NMC to affirm that they have attended at least one mentor update in the preceding 12 months* | Date of annual update | Date triennial review completed  *Mentors are reminded that they are required by the NMC to affirm that they have completed a triennial review* | | | Date triennial review completed | |
| Signature and Initials |  | |  | | | |
|  | | | | | | |
|  | | | | | | |
| Associate Mentor (1) |  | | | | | |
| Signature and Initials |  | | |  | | |