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 |  |  |