 

**Attendance Sheet – Mentor Preparation for Practice Assessor/ Practice Supervisor roles**

# Name /role of person who is providing the update:

# Date : Location:

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| **Name (please print)** | **Ward / Department** | **Mentorship Qualification &** | **Sign** |
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Please send a copy of this update to the Practice Learning Facilitators to enable them to update the mentors on the Healthcare placement website:

Heather Ong – heather.ong@nhs.net Leeds Teaching Hospitals NHS Trust

Doug Bodey - doug.bodey@nhs.net Leeds Teaching Hospital NHS Trust

Vanessa Noble Vanessa.noble@nhs.net Leeds & York Partnership NHS Foundation Trust

Jude McKaig - j.mckaig@nhs.net Leeds Community Healthcare NHS Trust

Siobhan Zagajewski Siobhan.zagajewski@nhs.net Leeds Community Healthcare NHS Trust