**UKPHR Practitioner Mentor Application Form**

Please read the UKPHR Framework and [Guidance for Applicants, Assessors and Verifiers](https://ukphr.org/wp-content/uploads/2020/01/Guidance-for-Practitioner-Registration-2nd-Ed.-Jan-2020.pdf) before submitting this form.

**The role of Mentor:**

* Facilitate the process of self-directed learning of the practitioner throughout the portfolio development process (this may include the points below)
* Facilitate / give advice on self-assessment against the practitioner standards (how standards may be demonstrated, identifying relevant development opportunities for filling competency gaps)
* Informally review evidence and draft commentaries providing advice and guidance through a dialogue with the mentee. This may include advising on competences / standards not claimed that could be claimed and strengthening those being claimed.

**Eligibility Criteria**

* To be conversant with the public health standards for practitioner registration;
* To be confident in coaching and in delivering supportive feedback;
* To be able to devote the necessary time and to give the role appropriate priority.

**Responsibilities of the Mentor**

* To support the process of self-directed learning of the practitioner throughout the portfolio development process

**Section 1 – Your details**

|  |  |
| --- | --- |
| Your name: |  |
| Title (Dr, Mrs, Ms, Miss, Mr): |  |
| Employing organisation: |  |
| Job Title: |  |
| Length of time in current role: |  |
| Level of post [Skills for Health website](http://www.skillsforhealth.org.uk/index.php?option=com_mtree&task=att_download&link_id=163&cf_id=24)  [Skills for Health Matrix](https://www.skillsforhealth.org.uk/wp-content/uploads/2020/11/Employability-skills-matrix.pdf#:~:text=The%20Employability%20Skills%20Matrix%20for%20Health%20aims%20to%20help%20staff,needed%20at%20each%20career%20level.) |  |
| Work address with postcode: |  |
| Tel. No. |  |
| Email address (work or personal): |  |

**Section 2 – Employment details**

|  |  |
| --- | --- |
| Line Manager’s name: |  |
| Title (Dr, Mrs Ms, Miss, Mr): |  |
| Job Title: |  |
| Work address with postcode: |  |
| Email address: |  |

**Section 3**

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| Please detail in no more than 200 words why you would like to be a practitioner Mentor |
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**Section 4 – Declaration of commitment**

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| --- | --- |
| **Prospective Mentor** | **Line Manager** |
| I have read the UKPHR Framework and Guidance for Applicants, Assessors and Verifiers.    I confirm that the information I have given is accurate and should I be accepted onto the scheme I agree to abide by its principles and to participate fully.  I understand that UKPHR is registered under the relevant data protection legislation and that all the information I have provided will be held by UKPHR in accordance with data protection law and UKPHR’s privacy statement.  I give permission for UKPHR to share my details between local schemes for the purpose of data collection exercises.  I commit to providing positive support to all practitioners who I may mentor in due course. | I confirm that the organisation supports this expression of interest.  I confirm that the required time commitments for mentoring will be fully supported and will become a part of the applicant’s appraisal process and continuing professional development within the workplace.  I understand that the applicant will be dedicating some of their own time to support the professional registration of practitioners. Thus, making a highly valued contribution to the professional development of the PH workforce. |
| **Applicant’s signature:** | **Line Manager’s signature:** |
| Date: | Date: |

Please use electronic signatures if sending by email.

**Please send your completed application form to:** [**PHPPYH@leeds.ac.uk.**](mailto:PHPPYH@leeds.ac.uk.  )

For Programme Team:

|  |  |  |
| --- | --- | --- |
| Completed Form |  |  |
| Coordinators Approval |  |  |