**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**

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| --- | --- |
| 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.**

For Programme Team:

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