**Physicians Associate (PA’s) - Mentor Application Form**

**Mentorship Commitment and Support Information**

* The PA mentor will support PA’s who are on the New to Practice Fellowship Programme
* Mentorship training will be provided resulting in an industry recognised qualification
* Mentors will support the PA fellow up to 1 session (4hrs 10 mins) a month - £180 per session (includes on costs)
* Payment can be made either to the individual or to the practice for backfill
* The role of the mentor will be to oversee and support the PA to undertake the programme which will include induction, Training Needs Analysis, workbook completion

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| **Name of applicant** |  |

**Personal details**

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| --- | --- | --- | --- | --- |
| **Surname** |  | **First name(s)** | |  |
| **Home address** |  | **Postcode** | |  |
| **Telephone** |  | **Email** | |  |
| **NMC number** |  | | | |
| **Qualifications and dates.**  **Please include any relevant mentoring qualifications/training, Assessor/supervisor training** | **Qualification** | **Date** | | **Awarding organisation** |
|  |  | |  |
| **Mentorship training will be available for all applicants regardless of whether you have a previous mentorship qualification. If you wish to undertake this training, please specify here**  **(It is expected that all mentors have or will undertake mentor training)** | Yes | |  | |
| No | |  | |

**Scheme application**

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| **What are your personal objectives in applying to this scheme?** | | |
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| **Why is mentoring others important to you?** | | |
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| **Please provide examples of any recent actions you have taken to support the development of others.** | | |
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| **Please provide details of any previous mentoring experience and the outcomes achieved (if any).** | | |
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| **Please provide the details of two professional references to support your application.** | **Reference 1** | **Reference 2** |
| **Name** |  |  |
| **Job title** |  |  |
| **Email** |  |  |
| **Telephone** |  |  |
| **Relationship to applicant** |  |  |

**Practice details**

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| --- | --- | --- | --- | --- |
| **Proposed start date** |  | | **Claim as individual or reimburse practice** |  |
| **Name of practice** |  | | | |
| **Practice address** |  | | | |
| **Practice code** |  | | | |
| **Practice telephone** |  | | | |
| **Is the practice a training practice?** | Yes |  | | |
| No |  | | |
| **Name of practice manager** |  | | | |
| **Email for practice manager** |  | | | |
| **Telephone for practice manager** |  | | | |
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**Agreement**

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| **I understand that if I am accepted as a mentor, I will need to commit to a minimum of 1 year and attend any training sessions or associate meetings needed.**  **I confirm that:**   1. **If I secure and confirm a place on this scheme and fail to attend any training element without a justifiable reason, I will be charged** 2. **the information given in this form is accurate and that information contained in this form will be shared with Locality Training Hub Teams and NHS England for the purposes of monitoring** 3. **data and information with regards to any activities in relation to the programme can be shared for monitoring and evaluation purposes** | | | |
| Name of prospective PA mentor |  | | |
| Signature of prospective PA mentor |  | Date |  |
|  | | | |

**For completion by Lancashire and South Cumbria Training Hub**

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| --- | --- | --- | --- | --- |
| **Name** |  | | | |
| **Date of decision** |  | | | |
| **Decision** | Accepted |  | | |
| Declined |  | | |
| **If application is declined, please specify reason** |  | | | |
| **Expected Start date** |  | | | |
| **Signature of L&SC lead** |  | | **Date** |  |