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**Clinical Mentor Agreement**

Dear Course Director,

Student Name (PRINT NAME): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to support the above student as **Clinical Mentor** for the Advanced Practice (Nursing) programme. I understand that this support includes the following (please tick  all that apply):

* Support opportunities for the student to practice examination for Advanced Health Assessment
* Provide clinical supervision and complete competence assessment for Clinical Practicum in Nursing/Midwifery Prescribing 1& 2
* Support opportunities for clinical teaching and learning for NM6013 Advanced Practice Clinical Practicum (Nursing) 1, NM6014 Advanced Practice Clinical Practicum (Nursing) 2
* Oversee competence assessment in the Competency and Capability Assessment, Advanced Practice Record and Reflective Portfolio Document.
* Assist the student in meeting agreed clinical learning competency and capabilities
* Collaborate with the student to identify clinical experiences appropriate to agreed clinical learning competency and capabilities
* Provide and document timely and necessary feedback to the student
* Communicate with the Course Director and/or Module Leader as required during the programme.
* Support ANP role development

Yours sincerely,

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_