****

**Clinical mentor agreement**

**Master of Science in Nursing (Advanced Practice)**

Dear Course Director,

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

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

I am agreeing to support the above student as clinical mentor for the Master of Science

in Nursing (Advanced Practice). I understand that this support includes the following

(please tick  all that apply):

Support opportunities for the student to practice examination of patients for

NM6002 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, including personally completing a minimum of

two assessments for NM6013 Advanced Practice Clinical Practicum (Nursing) 1,

NM6014 Advanced Practice Clinical Practicum (Nursing) 2

Assist the student in meeting and modifying clinical learning objectives

Collaborate with the student to identify clinical experiences appropriate to

objectives

Provide and document timely and necessary feedback to the student

Communicate with the Course Director as required during the course.

* Support ANP role development

Yours Sincerely

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

PRINT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_