

Mentor Annual / Triennial Review Self-Assessment Declaration

Placement providers are responsible for ensuring only mentors who continue to meet the Nursing and Midwifery Council (NMC) mentor requirements remain on the local register (NMC Standards to Support Learning and Assessment in Practice 2008). Mentors/Sign off Mentors/Practice Teacher's must complete this form and have it signed by their Line Manager following discussion at appraisal or other 1:1 review.

Surname:	Forename(s):
Professional Registration (Pin) number:	
Mentorship qualification:	Date of mentorship qualification:
Date last Mentor Update attended:	Date of triennial review:
Please complete the following self assessment prior to discussion with your manager	
	Please circle
1. I have completed all elements of an accredited course to become a Mentor?	Yes / No
2. I have access to the NMC's Standards to Support Learning and Assessment in Practice (2008) and am fully aware of my responsibilities as a Mentor.	Yes / No
3. I have attended a Mentor update in the past 12 months?	Yes / No
4. I have been involved in mentoring and assessing at least two students within the past 3 years?	Yes / No
5. I have read and understood the NMC standards to support learning and assessment in practice [NMC 2008]	Yes / No
6. I understand my accountability and responsibility as a Mentor/Sign Off Mentor/SPT in recommending a student for progression towards registration with the NMC?	Yes / No
7. I have accessed information about the students' curriculum?	Yes / No
8. I have a working knowledge of the student's assessment strategies and documentation?	Yes / No
9. I am aware of current issues relating to nursing and practice learning?	Yes/No
10. I am aware of resources and support available for my student and myself.	Yes / No
11. I am aware of the procedures and resources to support and assess a challenging/failing student and the protocols to follow?	Yes / No
12. I have discussed mentorship and the implications for my practice and development in my appraisal	Yes / No
13. I am a sign off mentor	Yes/No
14 I have attended a preparation/study day for sign off mentors	Yes / No/ Not applicable
15.If not a sign off mentor would you be interested in becoming one?	Yes/No

STATEMENT OF COMPETENCE

Please complete/delete* as applicable:

Either:

I certify that I am aware of my professional accountability for continuing professional development and that I am accountable for my actions. With this in mind I make the following statement:

I am competent to perform the role of Mentor/Sign off Mentor and meet the current professional standards for Mentorship*

Signature:

Date:

Or:

I require further support/development before I can competently perform the role of Mentor/Sign off Mentor* I will develop an action plan (Appendix 1) to address this and review my competence using this form within 3 months.

Signature:

Date:

This document along with your Mentor passport and any evidence accumulated should be discussed with your Manager at your Appraisal or other 1:1 review. Please retain a copy of this completed form and your evidence in your personal portfolio. **A copy of this completed form should be sent to (Please insert name of organisation and contact).....**

A new self-assessment competency statement must be completed every three years at Appraisal to meet NMC requirements for mentorship (NMC 2008).

To be completed by Line Manager:

I have discussed Mentorship responsibilities and accountability and confirm that

Mentor's Name:

has produced the evidence required and confirms s/he is competent to perform the role of Mentor/Sign off Mentor or Is required to undertake further development in order to continue mentoring. (please delete as appropriate).

Signed:

Please print name:

Designation:

Date:

This document was developed in partnership between local Trusts/Organisations in Surrey and West Sussex and the Division of Health and Social Care within the Faculty of Health and Medical Sciences, University of Surrey.

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