The University Of Huddersfield  
School Of Human and Health Sciences  
Application for entry to the Independent and Supplementary Nurse Prescribing Course  
Module HMH 1032

Please ensure that the student provides you with the information sheet for mentors provided in the applicants pack.

Please complete all sections of this form entitled ‘medical mentor form’ in black ink. Then pass your form to the applicant to return to the course leader.

**Medical Mentor Form**

Please confirm that you meet the National Prescribing Centre (2005) eligibility criteria for becoming a medical mentor by circling appropriately. The medical mentor:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>♦ Has had at least 3 years clinical experience for a group of patients/clients in the applicant’s field of practice.</td>
<td></td>
</tr>
<tr>
<td>♦ (a) be within a GP practice and is either vocationally trained or is in possession of a certificate of equivalent experience from the Joint Committee for Post-graduate Training in General Practice Certificate (JCPTGP) or (b) be a specialist registrar, clinical assistant or a consultant within a NHS Trust or other NHS employer</td>
<td></td>
</tr>
<tr>
<td>♦ Has the support of the employing organisation or GP practice to act as the medical mentor who will provide supervision, support and opportunities to develop competence in prescribing practice</td>
<td>Yes / No</td>
</tr>
<tr>
<td>♦ Has some experience or training in teaching and/or supervising in practice</td>
<td>Yes / No</td>
</tr>
<tr>
<td>♦ Does not sponsor the applicant</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

Name of Applicant/Student...........................................................................................................................

**Medical Mentor details:**

Name (please print)...........................................................................................................................................

Current post.......................................................................................................................................................-

Relevant professional qualifications and dates:

GMC reference number:

Work address:

Telephone Number:

Work E-mail address:

Signature of Medical Mentor..............................................................................................................................

Date.......................................................................................................................................................................

Page 1 of 1  june2011  HMH1032