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**Expression of Interest for the Legacy Nursing Mentor Programme 2023/24**

**Personal Details**

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| **Prospective Mentee Name** |  |
| **Job Title** |  |
| **NMC Number** |  |
| **Date Qualified** |  |
| **Nursing Status***(please tick as appropriate)* | **Newly Qualified** |  | **Return to Practice** |  |
| **NMC Revalidation Date** |  |
| **Nursing Home Name & Address** |  |
| **Personal Email Address** |  |
| **Personal Telephone Number** |  |

**Mentoring Needs**

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| **Why do you want to participate in the mentoring scheme?** |
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| **How will the learning/support help you in your role?** **Please describe what benefits might that bring to you and your workplace** |
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| **Have you read the FAQ guidance and, do you understand the time commitment involved in the mentoring programme?** | Yes/No |
| **Signed: Date:** |

**Line Manager Approval**

By supporting an individual’s application to join the mentoring programme, you also agree to support the Mentor in the delivery of coaching, mentoring and pastoral support to mentees in the workplace which may include education and training to support clinical practice and skills.

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| **Do you agree to provide paid time, (on average 1 hour per week) for the named applicant to access the mentoring programme** | Yes/No |
| **Do you agree to allow the Mentor to enter your home to support mentees in the workplace environment?** | Yes/No |
| **Can you provide a confidential space within your nursing home for the named applicant and mentor to meet?** | Yes/No |
| **How do you believe the named applicant may benefit from the mentoring programme?** |
|  |
| Name: | Date: |
| Contact Details: |
| Signed: |

Please submit this application to Nichola.Greenwood1@nhs.net by no later than **31st October 2023**

**For Programme Team Use Only**

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| **Date Received** |  |
| **Criteria Met?** |  |
| **Date Mentor Notified** |  |
| **Date Mentee Notified** |  |