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

**Personal Details**

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| **Prospective Mentee Name** |  |
| **Job Title** |  |
| **Date commenced in post as Registered Manager** |  |
| **Professional Registration Number***(if relevant)* |  |
| **Date Qualified** |  |
| **Professional Body Revalidation Date** |  |
| **Personal Email Address** |  |
| **Personal Telephone Number** |  |
| **Employer Name & Address** |  |
| **Employer Telephone Number** |  |
| **Service Type** | [ ] **Nursing Home** | [ ]  **Residential Home** | [ ]  **Domiciliary Care** | [ ]  **Hospice** | [ ]  **Other (please specify)** |
| **Please provide details of ‘other’**  |  |

**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 |
| **Have you discussed this expression of interest with your Nominated Individual/senior management?** | Yes/No |
| **Do you confirm you have sought approval to undertake paid time, (on average 1 hour per week) to access the mentoring programme?** | Yes/No |
| **Do you confirm you have approval to allow the Mentor to enter your home to support mentees in the workplace environment and that it is your responsibility to follow all safeguarding and confidentiality obligations in this respect?** | Yes/No |
| **Can you provide a confidential space within your premises to enable the mentee to meet with the mentor?** | Yes/No |
| **Signed: Date:** |

Please submit this application to yhs-tr.legacymentoring.socialcare@nhs.net

**For Programme Team Use Only**

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