**Mentor/Educator Database Registration Form**

Please complete this form in full:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Forename: | Surname: | | | DOB: |
| Current Role: | | | | Workplace: |
| Work Email Address: | | | | Tel No: |
| Line Manager/Team Leaders Name: | | | |  |
| Employer (if not BTH): | | | | Number of Hours Worked: |
| Registration No. for Professional Body (NMC/HCPC): | | | | Expiry Date (mm/yy): |
| Please tick the relevant option:  Mentor □ Sign Off Mentor □ Assessor □ Educator □ Practice Teacher □ | | | | |
| Please complete the following:  998/7 | | Yes/No | | |
| Degree Module | | Yes/No | | |
| 7307 | | Yes/No | | |
| D32/33/A1 | | Yes/No | | |
| PGCE/Cert Ed | | Yes/No | | |
| Masters Module | | Yes/No | | |
| Apple Accreditation | | Yes/No | | |
| OT PPE | | Yes/No | | |
| Date of Completed: | | Date of Last Mentor Update: | | |
| Any other info (e.g., change of name) | | | | |
| Signed: | | | Date | |

Once form is signed and completed, please return it to: [bfwh.practice.educationfacilitators@nhs.net.](mailto:bfwh.practice.educationfacilitators@nhs.net)

Please note that this information will be stored on Blackpool Teaching Hospitals NHS Foundation Trust’s and the HEI’s Mentor Database.

For any queries relating to PARE please contact our admin team: 01253 955197.