**Supervisor/Assessor Database Registration Form**

Please complete this form in full:

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| --- | --- | --- | --- |
| 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): |
| Mentor Qualification Gained (mm/yy): | | | Date of Last Mentor Update: |
| Have you completed a self-declaration form: | | | Yes: □ No: □ |
| Any other info (e.g. name changes): | | | |
| 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.