



UNIVERSITY *of York*
The Department of Health Sciences

Student Services
Seebohm Rowntree Building, Area 1
University of York
Heslington
York YO10 5DD
Tel (01904) 321321
Fax (01904) 321320
or (01904) 321722
dohs-ssprd@york.ac.uk
www.york.ac.uk/healthsciences/ssprd

Date as Postmark

Dear Applicant,

Mentor Preparation Programme

Thank you for your enquiry regarding our Mentor Preparation Programme.

Please complete all sections of the enclosed application form in full.

The following requirements apply to all applicants:

1. You are required to have been registered with the NMC for a minimum of one year and to have practised as an NMC registered practitioner during that time
2. You need to work in a placement area which *currently* supports nursing or midwifery students (*or which is being developed as a student placement area*). **Priority will be given to applicants supporting University of York pre-registration students.**
3. You will need a named Supervising Mentor for the duration of the programme
4. You will need agreement from your Manager and, where relevant, Training Department, to support your application for this programme

Please return your completed forms to Student Services at the Department of Health Sciences as soon as possible. If you have any queries, please do not hesitate to contact us on 01904 321321 or on dohs-ssprd@york.ac.uk.

We look forward to receiving your application.

Yours faithfully,

Specialist Skills and Post-registration Development (SSPRD) Team
Student Services

Guidance Notes for Mentorship Preparation Programme Applicants

Is York the right place for me to study a Mentor qualification?

The mentorship programme at York is heavily weighted towards the pre-registration programmes offered at University of York. If you work in a clinical/health area that does not provide practice experience placements to University of York pre-registration nursing and/or midwifery students then studying mentorship at York may not be the best fit with your needs. You may wish to explore with your manager which University students you are most likely to support. If you are not sure or you need to discuss this please contact a member of the team.

General Notes

1. Please complete the form in black ink and write clearly
2. Please ensure that you complete the form fully and do not leave any information blank
3. Please add any additional pages you may need; remember to add your full name on each additional page

Application Process

1. Your manager must support your application and your attendance for all five workshops.
2. If there is more than one applicant from your workplace, your organisation may be asked to prioritise access to the programme, considering:
 - a. Appropriateness of programme for each applicant (for example, those who have shown interest and enthusiasm for their work with students).
 - b. Ability of the individual to meeting the person specification for the programme.
 - c. Priority of need for learning area
3. Please note that incomplete applications will be automatically rejected.
4. Application forms must be received in the Department of Health Sciences **no later than 4.30pm on the closing date** (if you are unsure of the closing date deadline, please see <http://www.york.ac.uk/healthsciences/ssprd/mentor/#tab-4>)
5. When we receive your application, you will receive an acknowledgement by email.
6. We will contact you again as soon as possible after the shortlisting process to let you know whether your application has been successful.
7. If you receive an offer letter you **MUST** confirm your acceptance by the deadline given in the offer letter. Due to the **large number of applications, if we do not hear from you by the deadline we will allocate your place to another applicant.**
8. Due to high demand for places, if your application is unsuccessful, you will need to re-apply in the future. Unfortunately we are unable to carry over your application to the next intake. .

Selection Process

1. Selection and allocation of places on the Mentor Preparation Programme is the responsibility of the Programme Lead Practice Partner Organisations.
2. A shortlisting meeting for each module will consider:
 - a. Quality of completed application forms
 - b. Prioritisation from Organisations.

Mentor Preparation Programme**Person Specification for Applicants**

Applications to the above programme will be shortlisted according to the following criteria. Please ensure that you fully complete your application paperwork to provide evidence that you meet required elements of the person specification. Please consider carefully the way in which you wish to study the Mentor Preparation Programme and ensure that you meet the relevant requirements and provide the relevant information within your application.

	Essential	Desirable	Assessed by
Qualifications	Registered with the NMC for minimum of one year before programme commencement		Application form Section 5
Experience	Worked in practice as a registered nurse/midwife for a minimum of one year before programme commencement Achieved Stage One outcomes of the <i>NMC Standards to Support Learning and Assessment in Practice</i> (see page 5)	Worked with an experienced mentor	Application form Section 3 Section 4 Section 7
Knowledge	Has an understanding of the role and accountability of the mentor		Application form Section 6

NMC Standards to Support Learning and Assessment in Practice (SLAiP)

For the complete version of this document, please see the NMC website at www.nmc-uk.org

Domain	Stage 1: Nurses and Midwives
Establishing effective working relationships	<ul style="list-style-type: none"> • work as a member of a multi-professional team, contributing effectively to team working • support those who are new to the team in integrating into the practice learning environment • act as a role model for safe and effective practice • develop effective working relationships based on mutual trust and respect
Facilitation of learning	<ul style="list-style-type: none"> • co-operate with those who have defined support roles contributing towards the provision of effective learning experiences • share their own knowledge and skills to enable others to learn in practice settings
Assessment and accountability	<ul style="list-style-type: none"> • work to the NMC Code for nurses and midwives in maintaining own knowledge and proficiency for safe and effective practice • provide feedback to others in learning situations and to those who are supporting them so that learning is effectively assessed
Evaluation of learning	<ul style="list-style-type: none"> • contribute information related to those learning in practice, and about the nature of learning experiences, to enable those supporting students to make judgements on the quality of the learning environment
Create an environment for learning	<ul style="list-style-type: none"> • demonstrate a commitment to continuing professional development to enhance own knowledge and proficiency • provide peer support to others to facilitate their learning
Context of practice	<ul style="list-style-type: none"> • whilst enhancing their own practice and proficiency, a registered nurse or midwife, act as a role model to others to enable them to learn their unique professional role
Evidence-based practice	<ul style="list-style-type: none"> • further develop their evidence base for practice to support their own personal and professional development and to contribute to the development of others
Leadership	<ul style="list-style-type: none"> • use communication skills effectively to ensure that those in learning experiences understand their contribution and limitations to care delivery

Supervising Mentor Details Form

Applicants to this programme will need a Supervising Mentor for the 12-week duration of the programme. The Supervising Mentor should be someone from your own work area who is currently a registered mentor with relevant (usually a minimum of 2 years) experience as a mentor.

Please complete and return this form to confirm your Supervising Mentor arrangements.

Supervising Mentor Details	
Student Name	
Course Start Date	
Supervising Mentor Name	
Supervising Mentor place of work (ward/unit and Address) Postcode	
Supervising Mentor Telephone No	
Supervising Mentor Work Email Address	
Supervising Mentor Signature	
Date	

Section 1: Personal Information

Please complete this section in full. Please include an email address that you access regularly.

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other:				
Surname					
Forename(s)					
Previous Surname					
Date of Birth		Legal Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
NMC PIN & Renewal date					
Home address					
Postcode					
Telephone No		Mobile No			
EMAIL ADDRESS (PLEASE PRINT)					

IMPORTANT: The university will contact you at this email address to set up your student account and generate your student card on-line. You must supply a valid email address and check this regularly.

Section 2: Programme

Please fill in the name of the programme for which you are applying:

Mentor Preparation Programme

Preferred Start Date	<input type="checkbox"/> Autumn Term (September-November) (Modules prefixed by 'A' on course schedule) <input type="checkbox"/> Spring Term (January-March) (Modules prefixed by 'B' on course schedule) <input type="checkbox"/> Summer Term (March-June) (Modules prefixed by 'C' on schedule)
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Have you studied the Mentor Preparation Programme before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please give details, including reason for non-completion

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IMPORTANT: If you have studied this module before, you must contact the Specialist Skills and Post-Registration Information Team *before* proceeding with your application. Permission must be granted by the University only allows repeat study in exceptional circumstances and to repeat a module.

Section 3: Current Employment

Please provide full details of your current role and employer

Post held		Date Started	
Ward or unit			
Employing Authority	Please provide full name of your NHS Trust, Clinical Commissioning Group or employer (non NHS applicants)		
Workplace Address			
Postcode			
Work Email Address (PLEASE PRINT)			
Telephone No			
Name of your Manager/Employer			
Job title of your Manager/Employer			
Address (if different)			
Postcode			
Telephone No			

Section 4: Practice Experience Details

Applicants to this programme will need to be working in an area that currently supports learners (including nursing and midwifery students) or is being developed as a practice experience area. Please tick any of the options that apply to you and your work area.

Priority will be given to applicants supporting University of York pre-registration students.

- My work area *currently* supports University of York nursing / midwifery students in placement
- My work area is being developed as a student placement area for University of York nursing / midwifery students. The name of the University of York staff member or PLF/PPF involved in this development is:
- My work area currently supports (or is being developed to support) pre-registration students from other HEI's. Please specify:
- My work area is currently, or is being developed as, an Advanced Training Practice (ATP)
- I currently work, or have previously worked with an experienced mentor

Section 5: Nursing/Midwifery Qualification and Education

Applicants must have been qualified for a minimum of 12 months before they may commence this programme. Please provide details below of the date you attained professional qualification, and any further nursing or midwifery education you have since completed (continue on a separate page if necessary)

Educational Institution	From and To Dates	Type of Programme	Qualification Gained
Initial education leading to professional registration:			
Further education:			

To ensure students are supported by appropriate staff, please complete the following:

I confirm I have complied with statutory and mandatory training and learning as required by my employer



Section 6: Additional Information

You should use this section to add any further information that will support your application, including:

- a) your reasons for making this application
- b) a description of experiences you have had working with mentors and/or learners
- c) your commitment to and understanding of the role of the mentor

Please be succinct; you do not need to exceed the space provided

Section 7: Applicant and Manager Signatures

I certify that, to the best of my knowledge, the information given on this application is true.

Applicant's Signature	Date / /20__
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I fully support this application to study

I confirm that the applicant has an identified supervising mentor.

I confirm that the applicant has met Stage 1 of the NMC Standards to support learning and assessment in practice (please see page 5)

Supporting Manager's/Employer's Signature	Date / /20__
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Supporting Manager's/Employer's Name

Note to Applicant:

- On receipt of your supporting manager's approval (as above), please forward your application to your organisation's Training or Learning and Development Department for approval.
- We strongly recommend you retain a copy of your application and keep for reference.

Organisation Training or Learning & Development Department Authorisation

I verify that the above named applicant has been granted organisational approval to undertake this module/programme of study. **Employees of York Teaching Hospital NHS Foundation Trust: this Section MUST be completed before your application can be considered**

Organisation Training or Learning & Development lead signature	Date / /20__
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Organisation Training or Learning & Development lead Name (PLEASE PRINT)

Uses of your Personal Data by the Department of Health Sciences:

The University will keep your personal data in accordance with the Data Protection Act 1998. Details on the uses of your data are available at www.york.ac.uk/records-management/dp/.

If you accept a place funded by HEYH, you also grant the Department of Health Sciences permission to:

1. Inform your employer of your application. If your application has not been approved by your Organisation Training or Learning & Development lead, we may be required to provide your employer with a copy of this application. A delay may result in you not being offered a place of the module/programme of study. By signing this application you are giving consent that we may share this information with your employer.
2. Inform HEYH of the status of your application relating to funding eligibility.

Please note that this does not allow the Department of Health Sciences to disclose information to any third party relating to status of your application or issues where the processing and communication of personal and sensitive data is involved. Any information disclosed would be with your knowledge.

Your personal data will enable the Department of Health Sciences to keep you updated with relevant information about future education programmes that might be of interest to you. Our communications with you may be via post or email. We will not disclose your details to third parties. To opt out of receiving this type of information, please tick the following box

CHECKLIST

Please make sure you enclose the following with your application

- | | |
|--------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Supervising Mentor Details Form, fully completed and signed by your supervising mentor |
| <input type="checkbox"/> | Application form, fully completed and signed by you and your manager or employer |
| <input type="checkbox"/> | Equal opportunities form, signed by you |

Please return your completed application pack to:

SSPRD Team - MPP
Student Services
Department of Health Sciences
Seebohm Rowntree Building, Area 1
University of York
York YO10 5DD

EQUAL OPPORTUNITIES MONITORING FORM

The University of York is committed to a policy of Equal Opportunities. To enable the University to monitor the effectiveness of this policy, applicants are asked to complete this monitoring form. This information is used solely for the purpose of statistical monitoring of application and admission rates.

Course Applied for						
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other:
Surname						
Forename(s)						
Legal Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other			
Age						
Country of Birth						
Nationality						
Disability (please circle)						
A – No known disability			G – A specific learning difficulty such as dyslexia or AD(H)D but not dyspraxia			
B – Asperger’s syndrome or other autistic spectrum disorder			G1 – Dyspraxia			
C- Blind or serious visual impairment uncorrected by glasses			H – A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches			
D- Deaf and serious hearing impairment			I – A disability, impairment or medical condition that is not listed above			
E – A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy			I1 – Personal care support			
F – A mental health condition, such as depression, schizophrenia or anxiety disorder			J – Two or more impairments and/or disabling medical conditions			
If you have indicated that you have a disability, are you in receipt of a Disabled Students’ Allowance (DSA)?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ethnic Origin (please circle)						
10 – White			39 – Other Asian Background			
15 – Gypsy or Traveller			41 – Mixed – White and Black Caribbean			
21 – Black or Black British – Caribbean			42 – Mixed – White and Black African			
22 – Black or Black British – African			43 – Mixed – White and Asian			
29 – Other Black Background			49 – Other mixed background			
31 – Asian or Asian British - Indian			50 – Arab			
32 – Asian or Asian British – Pakistani			80 – Other ethnic background			
33 – Asian or Asian British – Bangladeshi			98 – Information refused / prefer not to say			
34 - Chinese						
Signature						
Date						