## Nomination of mentor *(to be completed by practitioner)*

Nomination of mentor

I, [title and full name of practitioner here], nominate [title and full name of nominated mentor here] to be approved by the Health Ombudsman to act as a mentor as required by my schedule of conditions which came into effect on [date conditions came into effect here].

I confirm the nominee is a registered [nominated mentor’s registered profession] – Ahpra registration number [insert Ahpra registration number here] – and meets the criteria required by my conditions.

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| --- | --- | --- | --- |
| Signature: |  | Date: | [Choose date] |