# Mentor acknowledgement (to be completed by mentor)

I, [title and full name of mentor here] am a registered [registered profession] – Ahpra registration number [insert Ahpra registration number here].

I acknowledge that [title and full name of practitioner subject to conditions/undertakings here] (the practitioner) has nominated me to act as their mentor and has:

1. advised me of the Health Ombudsman’s decision to impose conditions on the practitioner’s registration or accept undertakings from the practitioner, including the specific alleged conduct that gave rise to the conditions or undertakings and the reasons for the Health Ombudsman taking immediate action; and
2. provided me with a full copy of the schedule of conditions or undertakings.

I confirm I do not have any conditions imposed on my registration and am not currently subject to any disciplinary proceedings.

I understand that, unless otherwise directed by the Health Ombudsman:

1. the practitioner’s conditions/undertakings require formal mentoring sessions with me at the frequency stated in the practitioner’s conditions/undertakings; and
2. staff of the Office of the Health Ombudsman (the office) will contact me to obtain information for the purpose of monitoring the practitioner’s compliance with the conditions/undertakings, including reports[[1]](#footnote-1) that address the issues stated in the practitioner’s conditions/undertakings.

I understand I am not employed by the Office of the Health Ombudsman, however that staff of the Office of the Health Ombudsman will monitor the mentoring arrangement.

## Attachments

I have **attached** my curriculum vitae and a certified copy of my driver’s licence, passport or other valid photographic identification that includes a sample of my signature.

## Mentor contact details

[Insert relationship to practitioner, e.g. employer, previous employer, co-owner]

[Insert current place of practice]

[Insert phone number]

[Insert email address]

## Mentor signature

Signature of mentor: insert signature Date: Click here to enter a date.

1. The frequency of reports is stated in the practitioner’s conditions and may only be varied by the Health Ombudsman [↑](#footnote-ref-1)