

**Mentorship Programmes (On-site/Distance Learning)**

**Modules: Level 6 - Preparation for Mentors**

**Level 7 – Mentorship in Practice**

Confirmation of workplace support arrangements for students undertaking the Mentors and Assessors Programme.

Has an educational audit for this area been carried out? Yes No (please circle as appropriate). If so, date:

Name of Student:

Workplace address:

Course start/end dates :(induction day/final assessment submission)

I confirm that this student Mentor:

* Is of good health and good character
* Will be assigned a qualified Mentor to act as a workplace supervisor and signatory for the practical assessment document.
* Will be given 37.5 hours protected learning time in practice to undertake the practical assessment requirements of this course.

Online only – delete as appropriate

* Will be given 28 hours flexible protected study time to complete the online sessions and discussion forums

Placement Manager Name and designation……………………………………

Placement Manager Signature…………………………………………………..

Trust/Employer authorising stamp:

Student Mentor signature……………………………………………………........

Date……………………………………….