



Clinical mentor agreement

Master of Science in Nursing (Advanced Practice)

Dear Course Director,

Student Name (PRINT NAME): _____

Organisation: _____

I am agreeing to support the above student as clinical mentor for the Master of Science in Nursing (Advanced Practice). I understand that this support includes the following (please tick all that apply):

- Support opportunities for the student to practice examination of patients for NM6002 Advanced Health Assessment
- Provide clinical supervision and complete competence assessment for Clinical Practicum in Nursing/Midwifery Prescribing 1& 2
- Support opportunities for clinical teaching and learning for NM6013 Advanced Practice Clinical Practicum (Nursing) 1, NM6014 Advanced Practice Clinical Practicum (Nursing) 2
- Oversee competence assessment, including personally completing a minimum of two assessments for NM6013 Advanced Practice Clinical Practicum (Nursing) 1, NM6014 Advanced Practice Clinical Practicum (Nursing) 2
- Assist the student in meeting and modifying clinical learning objectives
- Collaborate with the student to identify clinical experiences appropriate to objectives
- Provide and document timely and necessary feedback to the student
- Communicate with the Course Director as required during the course.
- Support ANP role development

Yours Sincerely

Signature _____

PRINT NAME _____

Job Title: _____

Date: __/__/____