



SUPPORT FOR RURAL SPECIALISTS IN AUSTRALIA

Mentorship/Clinical Attachment Confirmation Form

Please complete this form and return it to admin@ruralspecialist.org.au

Details of CPD activity	
1. Name of applicant	
2. Name and role of mentor/clinical supervisor	
3. Brief description of training/supervision to be provided	
4. Location(s) of activity	
4. Estimated dates of activity	
Confirmation	
Mentor/supervisor:	I declare that the information in sections 1-4 is true and correct, and that I am ready, able, and willing to provide mentorship/supervision to the applicant in this area. Signature: Date: