University of Greater Manchester

Supporting Information for Professional Advocate Module

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| --- | --- |
| Name |  |
| Employer/NHS organisation  |  |
| Profession  |  |
| PIN Number  |  |
| Date of most recent DBS |  |
| Name, role, place of work, email address of professional advocate mentor. ***Please note mentor must hold a recognised professional advocate qualification and has the availability to support you during this programme.***  |  |
| Date of entry on the professional register/ revalidation date.  |  |
| Line manager approval  | Y/N |