|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Mentor applicant details | | | | | |
| Full name | |  | | | |
| Job title | |  | | | |
| Hospital Address | |  | | | |
| Phone | |  | | | |
| E-mail | |  | | | |
| Which module are you applying to be a Mentor for? | | | | | |
| Heart | Lung | | Abdomen | Vascular Access | DVT |

|  |  |
| --- | --- |
| Mentor applicant’s ultrasound experience | |
| Recognised qualifications: | |
| FICE | CUSIC |
| BSE Level 1 | BSE Level 2 |
| RCR Level 1 | RCR Level 2 |
| Other, please specify: | |
| Date of qualification: | Years of ultrasound practice: |
| **Please give a brief summary of your training and level of expertise in ultrasound in the critically ill:** | |
|  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Supervisor details | | | | | |
| Full name | |  | | | |
| Job title | |  | | | |
| Hospital Address | |  | | | |
| Phone | |  | | | |
| E-mail | |  | | | |
| Which FUSIC module will they be supervising? | | | | | |
| Heart | Lung | | Abdomen | Vascular Access | DVT |

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| --- | --- |
| Supervisor’s ultrasound experience | |
| Recognised qualifications: | |
| BSE TTE/ACCE | EACVI TTE |
| RCR Level 1 | RCR Level 2 |
| Other, please specify: | |
| Years of ultrasound practice: |  |
| **If not BSE or RCR Level 2 accredited, please give a brief summary of your Supervisor’s training and level of expertise in ultrasound in the critically ill:** | |
|  | |

**Mentor Declaration**

I confirm the information I have given above is accurate and in line with the requirements of being a FUSIC Mentor and Supervisor as outlined in the training pack.

|  |  |
| --- | --- |
| Signature: |  |
| Print name: |  |
| Date: |  |