

**Mentor Report**

**Associate Registration**

Mentors, please forward the report to: NSNZ Registrar, registration@nutritionsociety.ac.nz

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| **Mentor Details** |  |
| Name |  |
| Phone |  |
| Email |  |
| Name of Applicant |  |
| Time period of mentoring |  |
| **Mentoring** |  |
| Were the meetings (number and content) you had with the applicant satisfactory? |  |
| Describe any challenges the applicant has faced, and steps to overcome the challenges |  |
| How did the applicant respond to your feedback? |  |
| Would you recommend the applicant be accepted to continue as an Associate Registered Nutritionist?If not, please state your concerns. |  |   |
| **Mentoring**  | Rate on a scale of 1-5. *Not at all achieved* |  |  | *Fully* |
| The applicant has made progress in meeting their goals. | 1 2 | 3 |   4 |  5 |
| The applicant has maintained continuing competency. | 1 2 | 3 | 4 |   5 |
| The applicant displays professional competence in their field of nutrition.Examples: uses evidence-based nutrition knowledge and expertise, demonstrates effective oral/written communication and interpersonal skills, *works only in their scope of practice.* | 1 2 | 3 | 4 |   5 |
| The applicant has gained experience in their field of nutrition. | 1 2 | 3 | 4 |   5 |
| The applicant has standing in their profession.*Examples: displays integrity and professionalism in their work, well respected in community, enhances reputation of the NSNZ.* | 1 2 | 3 | 4 |   5 |

 **Signed: Date:**