



# Mentor Report 2009

Mentor's name .....

Mentor's address .....

.....

Scholar's name .....

As mentor to a RAMUS scholar, we ask to you to report each year on the contact you have had with the scholar. This report is one of the acquittal requirements that guarantees your RAMUS scholar's continuing scholarship payments.

You are welcome to provide a copy of your report to your RAMUS scholar.

**1. Contact with your mentored Scholar:**

Face-to-face       Email       Telephone

**2. Scholar input:**

Highly satisfactory       Satisfactory       Unsatisfactory

**3. Mentored activities by the scholar included:**

- Prepared annual RAMUS Scholar-Mentor Plan
- Observed you at work
- Spent time at your practice
- Spent time at a hospital, nursing home
- Spent supervised time with patients
- Demonstrated increased understanding of implications of rural practice

Comments / Other (please specify): .....

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Signature: .....

Date: .....

Please complete this form and return it by **31 December 2009** to:  
 NRHA (RAMUS)  
 PO Box 280  
 DEAKIN WEST ACT 2600      Fax 02 6285 4670      Email ramus@ruralhealth.org.au