# Mentor End-of-Year Report

## Mentor Details

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| --- | --- |
| Pharmacy Name: |       |
| Pharmacist Name: | Given Name(s)      | Family Name      |
| Email Address: |       |

## Scholar Details

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| --- | --- | --- |
| Scholar Name: | Given Name(s)      | Family Name      |
| Email Address: |       |

## Support to Scholar

Please indicate the number and types of contacts made with the scholarship holder during the year:

| Face-to-face meetings | Email contact | Telephone | Other (please specify) |
| --- | --- | --- | --- |
|       |       |       |       |
|       |       |       |       |
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Please describe activities that were undertaken with the scholarship holder (as agreed to in the application declaration):

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|       |

## Contact

Please return this document via the Pharmacy Programs Administrator [Portal](https://app.ppaonline.com.au/).

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| This program is funded by the Australian Government Department of Health as part of the Seventh Community Pharmacy Agreement. |
|  | CONTACT THE SUPPORT CENTRE: 1800 951 285 | support@ppaonline.com.au |