



To be completed and signed by both Mentor and Mentoree during the final mentoring session of the Registration Programme.

Mentoree Name: _____ (PLEASE PRINT)

Registration Number: _____

Mentor Name: _____ (PLEASE PRINT)

Please
Tick

Has the contract been fulfilled without any changes to the original agreement (If no, please detail on separate sheet)

Yes No

If you needed to make changes were they beneficial to the goals set out (Please detail on separate sheet)

Yes No

Has your final portfolio been presented to your mentor for review and discussion

Yes No

Did you attend all Mentoring sessions as required (Please provide dates below)

Yes No

Declaration:

MENTOR

I am satisfied that the above-named Mentoree has fulfilled the requirements of the registration programme.

Signed: _____ (Mentor) Date: _____

MENTOREE

I undertake to abide by the regulations and Code of Ethics and Practice of the Irish Society of Homeopaths

Signed: _____ (Mentoree) Date: _____