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## AAQHC Mentoring Program – MENTEE APPLICATION

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*Please note, this information will be used to match you with a mentor and will then be forwarded to your mentor. Please complete this form carefully to assist us with the initial matching process. The more we know about your mentoring needs, the easier it will be to identify a suitable mentor for you.*

### ***Your Investment in Yourself***

*The Mentoring Program will be one of the benefits available to all AAQHC members. For non-member mentees, a charge of \$300 will be incurred to ensure that you receive a full program of mentoring support from an experienced Quality Manager. Alternatively you can join the Association & become a member.*

<http://www.aaqhc.org.au>

*Please email your application to the Mentoring Coordinator;*

[aaqhc@aaqhc.org.au](mailto:aaqhc@aaqhc.org.au)

**PART A: PERSONAL DETAILS**

Name	
Postal Address	City
Post Code	Email
Phone (business hours)	Mobile
Fax	
Qualifications:	

**PART B: PROFESSIONAL DETAILS**

Current Position:
Organisation.
Sector
Location

**PART C: YOUR OBJECTIVES FROM PARTICIPATING IN THE MENTORING PROGRAM**

What do you wish to achieve from your participation in the Scheme?

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What sort of assistance would you like from a mentor?

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What sort of qualities do you seek in a mentor?

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**PART D: EXPERIENCE AND EXPERTISE SUMMARY**

I would prefer my mentor to have **experience** in the following settings:

I would prefer my mentor to have **expertise** in the following areas:

✓ Other – please specify :

**PART E: MENTEE COMMITMENT TO THE MENTORING PROGRAM**

I agree to participate in the AAQHC Mentoring Program and to fulfil the role of mentee as outlined in the Role Statement below.

Signature

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Please print name

Date

## **The Mentee**

1. To accept responsibility for my own decisions and actions;
2. To ensure absolute confidentiality of matters discussed and information supplied by the mentor;
3. To work with the mentor to identify objectives from participation in the Mentoring Program and collaboratively develop a plan designed to address these objectives;
4. To maintain regular contact with my mentor To keep a record of experience obtained during the period so that full discussion can be undertaken with the mentor;
5. To initiate meetings and make regular contact with the mentor;
6. To carry out tasks and projects by agreed times;
7. To review performance and progress with my mentor;
8. To promptly respond to requests for information from the Mentor Coordinator and informing them of any changes in my contact details;
9. To participate in the evaluation of the Mentoring Program; and;

## **The Mentor**

1. To provide information, guidance, constructive comments and an empathetic ear;
2. To ensure absolute confidentiality of matters discussed and information supplied by the mentee;
3. To work with the mentee to identify his/her objectives arising from participation in the Mentoring Program and to collaboratively develop a program to address these;
4. To provide a confidential and personalised source of career advice, support and guidance to the mentee;
5. To provide the mentee with advice and assistance in identifying personal development needs and how to address these;
6. To assist the mentee to establish a network of support within the health system;
7. To assist the mentee develop an understanding of the overall health system;
8. To facilitates the mentee's professional growth;
9. To meet with the mentee regularly (at least once every 2 months), and at short notice if possible in special situations and to maintain contact more frequently by telephone and e-mail, as agreed with the mentee;
10. To undertake reviews of the mentee's performance and progress at the request of the mentee during the year;
11. To participate in evaluation of the Mentoring Program; and;