

ACRA Mentoring Program – MENTEE APPLICATION

The Mentoring Program is one of the benefits available to ACRA members. Information regarding the Mentoring Program is accessible on the ACRA website. <http://www.acra.net.au/mentoring-program/>

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.

The following criteria will guide the matching process:

- preference of the mentee
- logistics (i.e. location)
- individual experience, expertise and knowledge of both mentee and mentor.

The mentee will choose a mentor from the mentor bank. If you want advice on which mentor to choose the chairs of the ACRA Research & Education Committee can provide advice.

Part A: Personal Details

First Name		Last Name	
Postal Address			
Phone (business hours)		Mobile	
Email			
Qualifications and date awarded			

Part B: Professional Details

Current Position	
Organisation	
Location	

Part C: Your objectives from participating in the Mentoring Program

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

What sort of assistance would you like from a mentor?

Part D: Experience and Expertise summary

I would prefer my mentor to have experience in the following (please tick all that apply):

- Acute cardiovascular care
- Chronic disease management
- Cardiac rehabilitation/secondary prevention
- Aboriginal health
- Public health system
- Private health system
- Rural and remote health
- Cardiovascular research
- Psycho-cardiology
- Mentoring
- Other – please specify _____

I would prefer my mentor to have expertise in the following (please tick all that apply):

- Nursing management
- Change management
- Project management
- Policy development
- Information management and technology

- Strategy and strategic planning
- Program design and evaluation
- Research
- Other – please specify _____

Part E: Mentee commitment to Mentoring Program

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

Signature _____

Please print name _____

Date _____

Role Statement

The ACRA Mentoring Program is successful when all parties must understand their part in the process. ACRA’s only responsibility in this program is to encourage members to work with a mentor and to provide a list of such mentors. We take no responsibility for any information or guidance exchanged between the two parties.

The Mentee

- works with the mentor to identify objectives and collaboratively develop a program designed to address these objectives
- accepts responsibility for their own decisions and actions
- ensures absolute confidentiality of information supplied by the mentor
- organises and undertakes regular contact/discussion and review with his/her mentor regarding the experience gained
- completes tasks and projects by agreed times
- participates in evaluation of the ACRA Mentoring Program and
- maintains financial membership of ACRA to be eligible to participate in Mentoring Program.

The Mentor

- works with the mentee to identify their objectives to collaboratively develop a program to address these
- initiates the initial meeting and make regular contact with the mentee
- ensures absolute confidentiality of information supplied by the mentee
- undertakes reviews of the mentee’s performance and progress at the request of the mentee and
- participates in evaluation of the ACRA Mentoring Program.

The mentor and mentee will establish an agreed time frame, with review at the half-way point of whatever the timeframe is that has been agreed.