# **ACRA Mentoring Program – MENTOR Expression of Interest**

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 mentee. Please complete this form carefully to assist us with the initial matching process. The more we know about your experience and expertise, the easier it will be to identify a suitable mentee for you.

The following criteria will guide the matching process:

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

#### **Part A: Personal Details**

First Name

Postal Address				
Phone (business hours)	Mobile			
Email				
Qualifications and date awarded				
Part B: Professional Details				
Current Position				
Organisation				
Location				

Last Name

# Part C: Experience and Expertise summary

I 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			
☐ Direct clinical supervision			
☐ Mentoring experience ☐ Yes ☐ No			
☐ Other – please specify			
I 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 D: Mentor commitment to Mentoring Program

I agree to participate in the ACRA Mentoring Program and to fulfil the role of mentor 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 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 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 and mentee will establish an agreed time frame, with review at the half-way point of whatever the timeframe is that has been agreed.