



Welcome. Thank you for your interest in the NiGP National Mentoring Pilot Program. We are pleased that you are registering as a **Mentee** to have the opportunity to work with a mentor during the Pilot Program. In keeping with the timelines of the Pilot Program, please return your two (2) page registration, using the details below, by **Wednesday 27 June 2007**.



Julie Porritt
Principal Advisor Nursing in General Practice
Australian General Practice Network

Gilly Johnson
Director
Australian Mentor Centre



Return your registration by the following methods:

- **Fax** to 03 9685 7596
- **Post** to NiGP National Mentoring Pilot, Australian Mentor Centre, PO Box 290, SOUTH MELBOURNE VIC 3205

CONTACT DETAILS. Please provide your contact details.

Name			
Postal Address			
Telephone (w)		Telephone (ah/mob)	
Email		Employer Name	
Current Position		Time in Current Position	

REFLECTIVE QUESTIONS. Please complete the following short reflective questions:

Why do you want to work with a mentor?	
What do you consider will be the main focus of your mentoring relationship?	
How do you consider working with a mentor will benefit your role as a Practice Nurse?	

SELF ASSESSMENT. Please review the following statements and tick or complete those that are true for you.

- I am registered with my **State/Territory Nursing Registration Board** as a:
- Division 1/Registered Nurse
 - Division 2/Enrolled Nurse
- I have the **time and motivation** to commit to a mentoring partnership (two contacts per month with a mentor) for the duration of the pilot.
- I have **access to and the competency to use a computer including email and the internet** (at either home or work) on a **daily to weekly basis**.
- I understand the **basic concept of working with a mentor** including its differences to other workplace roles such as manager, supervisor, preceptor or clinical supervisor. I am willing to learn more about working with a mentor at the education workshop and ongoing education opportunities.
- I **am able to attend the mentoring education workshop** (1.5 days) in my nominated state or territory (as per the nominated dates – see page 2).



EMPLOYER SUPPORT STATEMENT: Please ask your employer (or direct supervisor/manager) to complete this section (**only**).

I _____, of _____, support
[Insert your name] [Insert employer/practice name] [insert employee/potential mentor name]

in his/her involvement in the NiGP National Mentoring Pilot. We have discussed the benefits to his/her professional development and the benefits to the business outcomes of our General Practice or organisation (eg. Division). We have also discussed and agreed upon whether activities will be undertaken during work hours or in the mentee's own time.

Signature: _____

Date: _____

MENTORING WORKSHOP PARTICIPATION: To facilitate your attendance at a mentoring education workshop (**pending confirmation of your registration**), please complete the following:

<p>I can attend the following workshop:</p> <p>Please note: If attending from TAS or NT – please nominate closest workshop. In all other cases, you are required to attend the workshop to be held in your home state (NSW for ACT).</p> <p>** Dates indicated are those for the mentee only component of the workshop (12pm start on Day 1, 4.30 pm finish on Day 2). **</p>	<input type="checkbox"/> 13-14 July 2007 (Sydney, incorporating ACT) <input type="checkbox"/> 20-21 July 2007 (Brisbane) <input type="checkbox"/> 27-28 July 2007 (Melbourne) <input type="checkbox"/> 10-11 August 2007 (Adelaide) <input type="checkbox"/> 17-18 August 2007 (Perth)
<p>I anticipate traveling by:</p>	<input type="checkbox"/> Air <input type="checkbox"/> Closest departure point: _____ <input type="checkbox"/> Frequent Flyer No: _____ <input type="checkbox"/> Road/Rail/Bus (ticket reimbursed) <input type="checkbox"/> Own Vehicle (mileage reimbursed)
<p>I will require accommodation:</p>	<input type="checkbox"/> Yes. If yes, how many nights: _____ <input type="checkbox"/> No
<p>Do you have any special dietary needs?</p> <p>Is there anything else we need to know to book your travel and accommodation for the workshop?</p>	

MENTEE ACKNOWLEDGEMENTS: Please tick to acknowledge you **understand and agree** to these statements.

- I acknowledge and understand that I will have the opportunity to **select a mentor from the pool of registered mentors AND/OR ask for the assistance of the Project Team to select a mentor** from the pool of registered mentors.
- I acknowledge and understand that my mentor **may not reside in the same geographical location as me**, and that I may be using a combination of email, telephone and face-to-face (if possible) to manage my mentoring relationship – this will be at my own cost.
- I acknowledge and understand that my participation in the Pilot Program is **voluntary and there is no financial reimbursement** for my participation.
- I acknowledge and understand that I will be required to participate in the **Pilot Program evaluation activities** as part of my participation.

Mentee Signature _____	Date _____
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Thank you for your registration. We will be in contact with you shortly.