



Welcome

Thank you for your interest in the NiGP National Mentoring Pilot Program. We are pleased that you are registering as a **Mentor** with the opportunity to work with a mentee 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	
Referee Name		Referee Telephone(s)	

REFLECTIVE QUESTIONS. Please complete the following short reflective questions:

Why do you want to be a mentor?	
How do you consider undertaking the role of a mentor will benefit your professional development?	

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

- | | |
|--|---|
| <input type="checkbox"/> I am registered with my State/Territory Nursing Registration Board as a:
<input type="checkbox"/> Division 1/Registered Nurse
<input type="checkbox"/> Division 2/Enrolled Nurse | <input type="checkbox"/> I am a member of a nursing or related Professional Organisation. If so, please list below: |
| <input type="checkbox"/> I hold a Division Program Officer role (see current position title above). | <input type="checkbox"/> I have formal qualifications (TAFE, Undergraduate AND/OR Post-graduate). If so, please list below: |
| <input type="checkbox"/> I have at least three years proven experience within the General Practice environment. | <input type="checkbox"/> 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 . |
| <input type="checkbox"/> I have the time and motivation to commit to a mentoring partnership (two contacts per month with a mentee) for the duration of the pilot. | <input type="checkbox"/> I understand the basic concept of being a mentor including its differences to other workplace roles such as manager, supervisor, preceptor or clinical supervisor. I am willing to learn more about my mentor role at the education workshop and ongoing education opportunities. |
| <input type="checkbox"/> I have the necessary communication skills, interpersonal skills, nursing and/or general practice knowledge to undertake the role of mentor. | <input type="checkbox"/> I am able to attend the mentoring education workshop (1.5 days) in my nominated state or territory (as per the nominated dates). |
| <input type="checkbox"/> I have an awareness of the Competency Standards for Nurses in General Practice (incorporating the National Competency Standards for RN and EN). | |

