



Welcome. Thank you for your interest in the NiGP National Mentoring Pilot Program. We are pleased that you are registering your **Mentoring Circle**, as this is an excellent opportunity for your circle of Practice Nurses to provide an additional layer of support around your special interest area. In keeping with the timelines of the Pilot Program, please return all pages of your registration, using the details below, by **Friday 13 July 2007**. Please note that **only one registration form** per Mentoring Circle is required.



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

MENTORING CIRCLE POINT OF CONTACT DETAILS. Please complete your details below.

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

MENTORING CIRCLE FOCUS. Please answer the following questions regarding your Mentoring Circle:

What is the special interest theme of your Mentoring Circle?	
How and where do you anticipate your Mentoring Circle will meet?	
How many participants are there in your Mentoring Circle?	[please complete contact details for each participant on following pages]
In what capacity are you already meeting? (eg. are you part of an existing network – or will this be something new?)	
What do you consider is the potential benefit of your Mentoring Circle to participants and their employing organisations?	

MENTORING CIRCLE PARTICIPANTS. Please provide the contact details of your Mentoring Circle participants.

1. Name			
Postal Address			
Telephone (w)		Telephone (ah/mob)	
Email		Employer Name	
Current Position			



2. Name			
Postal Address			
Telephone (w)		Telephone (ah/mob)	
Email		Employer Name	
Current Position			

3. Name			
Postal Address			
Telephone (w)		Telephone (ah/mob)	
Email		Employer Name	
Current Position			

4. Name			
Postal Address			
Telephone (w)		Telephone (ah/mob)	
Email		Employer Name	
Current Position			

5. Name			
Postal Address			
Telephone (w)		Telephone (ah/mob)	
Email		Employer Name	
Current Position			

6. Name			
Postal Address			
Telephone (w)		Telephone (ah/mob)	
Email		Employer Name	
Current Position			

7. Name			
Postal Address			
Telephone (w)		Telephone (ah/mob)	
Email		Employer Name	
Current Position			

8. Name			
Postal Address			
Telephone (w)		Telephone (ah/mob)	
Email		Employer Name	
Current Position			



9. Name			
Postal Address			
Telephone (w)		Telephone (ah/mob)	
Email		Employer Name	
Current Position			

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

- We acknowledge and understand that our Mentoring Circle will be **self-directed with all members having equal responsibility for the success of the Mentoring Circle.**
- We acknowledge and understand that our Mentoring Circle has a **special interest theme** which has benefits for all circle participants and their employing organisations.
- We acknowledge and understand that our participation in the Pilot Program is **voluntary and there is no financial reimbursement** for our participation.
- We acknowledge and understand that we will be required to participate in the **Pilot Program evaluation activities** as part of our participation.

Mentoring Circle Point of Contact Signature		Date	
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Thank you for your registration. We will be in contact with you shortly.