



Welcome. Thank you for your interest in the NiGP National Mentoring Pilot Program. We are pleased that you are registering your **Mentoring Group**, as this is an excellent opportunity for you - the **Mentor** - and your group of **Mentees** to provide an additional layer of shape and structure around your support system. 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 **only one registration form** per Mentoring Group 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

MENTOR REGISTRATION DETAILS. Please complete the following sections as the **Mentor of your group**.

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

MENTOR ONLY 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?	

MENTOR ONLY 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 the time and motivation to commit to a mentoring group (one to two contacts per month with a mentoring group) for the duration of the pilot. | |
| <input type="checkbox"/> I have the necessary communication skills, interpersonal skills, nursing and/or general practice knowledge to undertake the role of group mentor. | <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 an awareness of the Competency Standards for Nurses in General Practice (incorporating the National Competency Standards for RN and EN). | <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 through the information packages and telephone conferences offered in the Pilot Program. |



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 mentor's own time.

Signature: _____

Date: _____

MENTORING GROUP FOCUS. Please answer the following questions regarding your Mentoring Group:

What is the special interest theme of your Mentoring Group? Eg. What is common to all mentees?	
How and where do you anticipate your Mentoring Group will meet?	
How many mentees are there in your Mentoring Group?	[please complete contact details for each mentee 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 Group to participants and their employing organisations?	

MENTORING GROUP MENTEES. Please provide the contact details of the Mentees in your Mentoring Group. Please note that it is the **responsibility of each participating mentee** to discuss their involvement in the Mentoring Group with their employer.

1. Mentee Name			
Postal Address			
Telephone (w)		Telephone (ah/mob)	
Email		Employer Name	
Current Position			
Length of Time in Position			
Employer Approval Gained			



2. Mentee Name			
Postal Address			
Telephone (w)			Telephone (ah/mob)
Email			Employer Name
Current Position			
Length of Time in Position			
Employer Approval Gained			

3. Mentee Name			
Postal Address			
Telephone (w)			Telephone (ah/mob)
Email			Employer Name
Current Position			
Length of Time in Position			
Employer Approval Gained			

4. Mentee Name			
Postal Address			
Telephone (w)			Telephone (ah/mob)
Email			Employer Name
Current Position			
Length of Time in Position			
Employer Approval Gained			

5. Mentee Name			
Postal Address			
Telephone (w)			Telephone (ah/mob)
Email			Employer Name
Current Position			
Length of Time in Position			
Employer Approval Gained			



6. Mentee Name			
Postal Address			
Telephone (w)		Telephone (ah/mob)	
Email		Employer Name	
Current Position			
Length of Time in Position			
Employer Approval Gained			

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

- We acknowledge and understand that our Mentoring Group will be primarily directed by our Group Mentor; however, **all members of the Mentoring Group have equal responsibility for the success of the Mentoring Group.**
- We acknowledge and understand that our Mentoring Group has a focus on **Mentees with less than two-years experience working in a general practice environment.**
- 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 Group Mentor Signature		Date	
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Thank you for your registration. We will be in contact with you shortly.