



# SA Podiatry Association Mentor Registration Form

Thank you for participating in the 2013 APODA SA Mentoring Program. To assist us in the matching process for the 1:1 part of the program, please complete this form with as much information so we have a good understanding of your experience, scope and networks. Please return to the Association office for matching.

## YOUR CONTACT DETAILS

Name	
Contact Email	
Contact Phone	
Practice Name	
Address	
Suburb	

**PROFESSIONAL COMPETENCIES.** Please tick those areas in which you can provide support to a mentee .

Areas of Mentoring Support	
<input type="checkbox"/> High risk foot care, public health	<input type="checkbox"/> Work/life Balance, self & time management
<input type="checkbox"/> Sports & Biomechanics	<input type="checkbox"/> Stress Management, problem solving
<input type="checkbox"/> Surgery	<input type="checkbox"/> Emotional Intelligence
<input type="checkbox"/> Orthotic Therapy	<input type="checkbox"/> Networking and working with Multi D's
<input type="checkbox"/> Aged Care	<input type="checkbox"/> New technology
<input type="checkbox"/> Community Health	<input type="checkbox"/> Academia
<input type="checkbox"/> Paediatrics	<input type="checkbox"/> Business ownership
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Financial management
<input type="checkbox"/> Complimentary Health	<input type="checkbox"/> Marketing
<input type="checkbox"/> Private Practice	<input type="checkbox"/> Committees & Boards
<b>Other:</b> please insert other areas where you feel you can support a mentee	



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**EXPERIENCE PROFILE.** Please answer each question in the space provided ... (feel free to include your resume)

**1. What has been your career to date? Please provide a snapshot of your career history ...**

**2. What career and/or professional challenge(s) did you experience and overcome when you were new to the profession?**

**3. What have been your career highlights?**

**4. Quirky Facts (tell us something about the 'real' you)**

**1. Why do you want to be a Mentor? Participate in the Program?**

**2. What attributes are you looking for in a Mentee?**

**3. What do you expect from a mentoring relationship?**

**4. What previous experience have you had in a mentoring relationship (either formal or informal)?**

**ACKNOWLEDGEMENTS.** (Please tick to confirm)



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- I have read the information attached to this registration form and understand the requirements of participation.
- I understand my participation in the Mentoring Program is voluntary.
- I have advised my employer of my participation. If applicable
- I acknowledge that one on one and group session mentoring is used in this program.
- I understand that I may be using a range of communication methods to manage my mentoring relationships including face-to-face contact, email and telephone.
- I understand my Mentee will not be in my immediate line of management.
- I understand that my relationship with my Mentee is different to the relationship I have with my employees and activities such as performance appraisal and clinical decisions at the place of their employment will not form part of the mentoring relationship.
- I understand that I will undergo education activities to assist me in developing a successful mentoring relationship.
- I acknowledge that I will be required to participate in a mid-partnership and end-partnership evaluation activity as part of the Mentoring Program.
- I understand the Mentoring Program has a 'no fault exit clause' from mentoring relationships which means that either the Mentor or Mentee can exit the relationship with 'no fault'.
- I acknowledge the importance of maintaining confidentiality of matters discussed with my Mentor.

**PREFERENCE.** Please tell us your preference. (Please note that all efforts will be made to meet your preference; however pending the needs of mentors and available mentors, your preference may not be met in this initiative.

Approach	Mentor Nomination
I would prefer to be involved in the following type of mentoring relationship: (you can have all 3, or only 1) <input type="checkbox"/> 1:1 mentoring relationship <input type="checkbox"/> Group mentoring relationship <input type="checkbox"/> Online Mentor Blog	I would like to nominate this person as a potential mentee <b>Name:</b> <input type="checkbox"/> I have already approached this person to be their mentor <input type="checkbox"/> I would like the mentoring program to approach this person to be my mentee

Please share with us any **other details** that you feel may assist us in matching you with a Mentee

<b>Signature:</b>	
<b>Name:</b>	
<b>Date:</b>	

**Thank you for your registration. We will be in contact with you shortly.**