

## Mentoring Partnership Details

I (*name*) \_\_\_\_\_ (*ADEA Membership Number*) \_\_\_\_\_ have nominated  
(*name*) \_\_\_\_\_ (*ADEA Membership Number*) \_\_\_\_\_ as my mentor.

## Nature of Mentoring Partnership

The mentee in this partnership is (*please tick one only*):

- Practitioner working towards initial credentialling
- Current Credentialled Diabetes Educator
- ADEA member from discipline not eligible for credentialling

## Duration

Both parties agree the duration of the mentoring partnership will be for a period of \_\_\_\_\_ months commencing on  
\_\_\_/\_\_\_/\_\_\_.

**Please note:** Six (6) months minimum is required for initial credentialling. Either party may withdraw from the agreement at any time by advising the other party of the intention to do so (taking into account the needs of the other party for reasonable notice).

## Support, Participation and Commitment

The mentoring partnership is a two-way relationship that relies upon trust and a mutual benefit being provided to both parties. Each party will need to make a contribution by meeting their obligations and commitments and being prepared to work through any difficult issues that may arise.

Each party is asked to identify ways in which they will be prepared to provide the necessary support, participation and commitment to each other for the duration of the agreement.

Please tick:

- Both parties agree to make the commitment of time needed to carry out this Mentoring Agreement. 1 hour per month is the minimum commitment required.
- We have discussed how the mentee agrees to **receive feedback**
- We have discussed the **role of the Mentee's manager/supervisor** (if applicable)
- We have discussed **possible challenges** to our partnership and how we can manage these challenges
- If we are in a **distance relationship**, we have discussed how to manage this aspect of our partnership.

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*Mentor.* As a Mentor, support, participation and commitment will be shown by (eg weekly email contact, offering telephone support as agreed, etc.):

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*Mentee.* As a Mentee, support, participation and commitment will be shown by:

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## Roles and Responsibilities

Each party is asked to identify in point form their respective roles and responsibilities during the mentoring partnership.

*Mentor.* In this mentoring partnership, I see my role and responsibilities as:

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*Mentee.* In this mentoring partnership, I see my role and responsibilities as:

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**Goals and objectives.** Each party should identify in point form what they hope to achieve in terms of development goals, performance objectives or learning outcomes from participation in the program.

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*Mentor.* In my role as Mentor I hope to achieve the following:

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*Mentee.* In my role as Mentee I hope to achieve the following:

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## **Mutual No-fault Exit**

We have discussed, have a shared understanding of and agree to a mutual no-fault exit and early dissolution of this partnership if, for any reason, it is considered appropriate.

## **Confidentiality**

We have discussed and agree to maintain absolute confidentiality at all times in relation to personal and professional information disclosed during the course of this mentoring program.

## **Release from Liability**

The aim of the ADEA Mentoring Program is to encourage an open exchange of information and ideas between mentors and mentees. However, the ADEA cannot and does not review communications between mentors and mentees.

ADEA does not guarantee or endorse the accuracy of any information that participants may receive from their mentor / mentee.

Both parties agree to completely release and indemnify ADEA and each of its respective affiliates, directors, officers, employees and agents and my mentoring partner from all claims, judgements, demands, liabilities and actions that may arise out of, or in any way relate to, my participation in the ADEA Mentoring Program. In no event will ADEA or my mentoring partner be liable for any damages arising out of my participation in the ADEA Mentoring Program.

## Signatures

Please insert your name, signature and date to confirm that you have completed the ADEA Mentoring Agreement and to confirm that you understand the guidelines of your participation.

### *Mentor*

Name	
Signature	
Date	

### *Mentee*

Name	
Signature	
Date	

*This Agreement must be submitted by the mentee via the online 'My Mentoring' page, within the ADEA member dashboard within two (2) weeks of registering your partnership online.*

*Your mentor needs to be registered online and you should have requested your mentoring partnership online with your mentor here: [ADEA Mentoring Program](#).*

*Once your mentor has agreed to the mentoring partnership using the online platform, you can login to the ADEA website and go to the 'My Mentoring' tab to upload this completed agreement form.*