

APPENDIX II



MENTORING AGREEMENT

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*):

- Entry level practitioner working towards credentialling
- Currently Credentialled Diabetes Educator
- ADEA member from discipline not eligible for credentialling

Mentoring Program Criteria

Mentor

Mentors must be current Credentialled Diabetes Educators of at least 12 months standing.

Mentee

Mentees must be current ADEA Full Members or expect to pay non-ADEA member's credentialling fees of \$2,700.00.

Roles and Responsibilities

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

Mentor

To be successful as a Mentor, I see my role and responsibilities as:

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Mentee

To be successful as a Mentee, 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.

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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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.

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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Time Commitment

In signing below, both parties agree to make the commitment of time needed to carry out this Mentoring Agreement as outlined above.

Duration

Both parties agree the duration of the agreement will be for a period of _____ months commencing on ___ / ___ / ___. 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).

No-fault Conclusion

We agree to a no-fault conclusion of this partnership if, for any reason, it is considered appropriate.

Confidentiality

We 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

Mentor

Name: _____

Signature: _____

Date: _____

Mentee

Name: _____

Signature: _____

Date: _____

This Agreement must be submitted by the mentee to the ADEA National Office within two (2) weeks of commencing of the partnership.

Please note the mentee should keep a copy of Fax Transactions Record as a proof of submission if the agreement is submitted by fax.

Return Address

Australian Diabetes Educators Association

PO BOX 163

WODEN ACT 2606

Fax No. 02 6287 4877