

HASS CONNECT MENTORING PROGRAM

BUILD CONFIDENCE. BROADEN UNDERSTANDINGS. MAKE CONNECTIONS.



MENTORING AGREEMENT

We are voluntarily entering into a mentoring relationship and agree that for the duration of the program we will:

- maintain confidentiality and respect each other's privacy; do not disclose information without consent
- be respectful, non-judgmental and supportive of each other's opinions and ideas
- keep to scheduled meeting times or give adequate notice of change
- behave ethically and safely at all times, meet in a safe location
- advise the Mentoring Program Coordinator (Jackie Fuller) of any issues or concerns

FREQUENCY AND PREFERRED METHOD OF CONTACT: (recommended one hour fortnightly)

AGREED OBJECTIVES AND DESIRED OUTCOMES:

What do you hope to achieve from the mentoring relationship? Outline four specific, realistic goals that can be reviewed throughout the program.

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Although we will endeavour to complete the program, we understand that the relationship can be discontinued by either party on a no-fault basis if necessary.

MENTOR:

Name: _____

Signed: _____ Date: _____

MENTEE:

Name: _____

Signed: _____ Date: _____