



Indigenous Mentoring Program (IMP)

An initiative of the Community Services Skilling Plan

Mentoree Registration Form

The Indigenous Mentoring Program supports the professional development of Indigenous workers in the community services sector. The six-month program partners mentorees (Aboriginal or Torres Strait Islander workers, volunteers, or carers) with mentors (Indigenous or non-Indigenous, from the wider human services sector).

Successful mentoring requires attendance at each of the three program workshops, and a commitment for mentoring partner meetings of, for example, one hour per fortnight. Mentoree participation will gain the competency CHCORG428A Reflect on and improve own professional practice from CHC08 Community Services Training Package. All workshop-related costs are funded by the Community Services Skilling Plan.

2012 Indigenous Mentoring Programs

North Brisbane/Caboolture/Sunshine Coast	March to September
Central Queensland (Rockhampton)	May to November

Further programs may be developed in 2012 across the state.

Workshop schedule

Session	Time	Workshop
Workshop 1, Day 1	1:30 pm–5:00 pm	Mentoree workshop — skills audit, goal setting, and planning.
Workshop 1, Day 2	9:00 am–3:30 pm	Mentor and Mentoree workshop — relationship building, story telling, and crafting and dreaming your mentoring relationship.
Workshop 2 (3 months later)	9:00 am–3:30 pm	Mid-point refresher — maximising your mentoring benefits.
Workshop 3 (3 months later)	9:00 am–3:30 pm	Final/celebration session — transitioning beyond the program, and sharing our stories and achievements.

Send completed registrations to:

Indigenous Mentoring Program Officer
Community Services Skilling Plan
Centre for Managed Strategies
PO Box 5252 SCMC, Nambour Qld 4560
Or fax to 07 5457 1673

For further information, contact:

Indigenous Mentoring Program Officer Telephone **1800 835 866** Email <beth.michon@deta.qld.gov.au>



Mentoree Registration

Privacy Statement: Information collected on this registration form shall be used solely for the purposes of the Indigenous Mentoring Program and the Community Services Skilling Plan.

Section 1		Personal details	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Last name:		First name:	
Postal address:			
			Postcode:
Work telephone number:		Mobile telephone number:	
Email:			
Age group:			
<input type="checkbox"/> Under 25 <input type="checkbox"/> 25–35 <input type="checkbox"/> 36–45 <input type="checkbox"/> 46–55 <input type="checkbox"/> 55 and over			
If under 18 years, you will require parental approval.			
Parent's name:			
Parent's signature:			Date:
Do you identify yourself as belonging to any of the following groups?			
<input type="checkbox"/> Aboriginal		<input type="checkbox"/> Non-English speaking background	
<input type="checkbox"/> Torres Strait Islander		<input type="checkbox"/> Person with disability	
<input type="checkbox"/> Australian South Sea Islander			
<input type="checkbox"/> Other (please specify):			
What is the highest level of education you have completed?			
<input type="checkbox"/> School leaver			
<input type="checkbox"/> TAFE or other vocational education			
<input type="checkbox"/> University or other higher education			
<input type="checkbox"/> Other (please specify):			
What is your occupation and position title?		What is your employment level?	
Which sector(s) does your organisation service?			
<input type="checkbox"/> Disability	<input type="checkbox"/> HACC	<input type="checkbox"/> Mental health	<input type="checkbox"/> Alcohol and other drugs
<input type="checkbox"/> Child safety	<input type="checkbox"/> Youth	<input type="checkbox"/> Housing/homeless	<input type="checkbox"/> General community services
<input type="checkbox"/> Other (please specify):			



Section 2 Questionnaire

Please answer in the form of brief points.

1. What work experience have you had over the past 5 years?
2. What do you like or value about yourself?
3. What do you like or value about others (e.g. loyalty, communication style, leadership)?
4. What skills would you bring to the mentoring relationship (e.g. ability to build rapport, good listening skills, commitment)?
5. What experience and skills would you like your mentor to have (e.g. ability to give honest feedback, experience in the community services sector, financial expertise)?
6. Why would you like to participate in the mentoring program (e.g. to increase skills, develop knowledge of sector)?
7. Do you have preferences regarding your mentor (e.g. male, female, Indigenous)? You can nominate your mentor if you wish.
8. What do you enjoy doing outside work?

Section 3 Additional information

Please send your résumé and position description with your registration.

Any other comments:



Section 4 Declaration	
I declare that the information I have supplied is true and correct to the best of my knowledge.	
Signature:	Date:

Section 5 Sponsor	
Your Sponsor's signature acknowledges that your workplace supports your participation.	
Name of Sponsoring Organisation:	
Address:	
Name of Sponsor:	
Position:	
Telephone:	
Email:	
I endorse the participation of the applicant as a mentoree in this program, including release to attend all three mentoring workshops and to meet with their mentor for approximately one hour per fortnight.	
Signature:	Date:

Please send your completed registration to:

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Community Services Skilling Plan
Centre for Managed Strategies
PO Box 5252 SCMC, Nambour Qld 4560
Or fax to 07 5457 1673

<i>Office Use only</i>	Sponsored	Eligibility		Database		
Date received	Matched	Successful notified	Unsuccessful given feedback	Attendance at workshops		
				1	2	3