



## EXPRESSION OF INTEREST – MENTEE

Thank you for your interest in the **2018 ACT IPAA Mentoring Program**. Please outline your details and interests below in order to provide the best opportunity for a quality mentoring match.

IPAA will aim to match you with a mentor who can assist you in achieving your personal objectives. Please note that there are many benefits of a productive mentoring relationship and securing a promotion should not be your primary objective. Please ensure you have reviewed the **IPAA ACT Mentoring Guidelines** before completing this expression of interest.

**Name:** \_\_\_\_\_

**Contact details:** \_\_\_\_\_

**Current role and classification:** \_\_\_\_\_

**Current employer:** \_\_\_\_\_

**I consider myself a:**

- Generalist
- Specialist – if so, in what areas: \_\_\_\_\_

**As a mentee, I would prefer to be mentored by the following (please rate in order of preference from 1-3 at a minimum):**

- |   |   |
|---|---|
| <input type="checkbox"/> Young professional               | <input type="checkbox"/> Middle manager                         |
| <input type="checkbox"/> APS public servant               | <input type="checkbox"/> Senior Executive Service               |
| <input type="checkbox"/> ACT Government public servant    | <input type="checkbox"/> IPAA member outside the public service |
| <input type="checkbox"/> Diversity group (specify): _____ |   |
| <input type="checkbox"/> Other (specify): _____           |   |

**As a mentee, I would prefer to be mentored in the following areas (please rate in order of preference 1-3 at a minimum):**

- |   |   |
|---|---|
| <input type="checkbox"/> Broad Experience     | <input type="checkbox"/> Program/Project management |
| <input type="checkbox"/> Policy               | <input type="checkbox"/> Service Delivery           |
| <input type="checkbox"/> Regulatory Functions | <input type="checkbox"/> Academia                   |
| Corporate                                     |   |
| Other (specify): _____                        |   |

**As a mentee, I am looking for (please rate in order of importance, checking at least 3 boxes):**

- Insight into working in my current role
- Being a more effective manager and leader
- Preparing for work transitions
- Work/Life balance and general career management
- Working effectively with senior staff and/or minister's offices
- Insights into working in different sectors
- Other: \_\_\_\_\_

**Is there anything we need to know to create a strong effective mentoring match for you?**

**Please note while IPAA ACT will do its best, it may be beyond our ability to match you exactly with your preferences.**

## **Mentoring agreement**

By submitting an expression of interest to be a mentee I acknowledge and accept the following:

1. I have read and understood the mentoring program guidelines.
2. I understand IPAA ACT can take no responsibility for any advice or information exchanged between myself and a mentee or a mentor.
3. My name, preferred contact details and employment details will be made available to my mentor as a part of this program.
4. I will discuss and complete a mentoring agreement with my mentor to help ensure clarity and shared expectations.
5. I will treat in strictest confidence all information and matters discussed in a mentoring relationship with my mentor.
6. I will provide feedback as requested to enable effective evaluation of the IPAA ACT mentoring program.

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Signature

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Date