



EXPRESSION OF INTEREST – MENTOR

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

Name: _____

Contact details: _____

Working Retired

Current/most recent role and classification: _____

Current employer (if applicable): _____

Past employers: _____

I consider myself a:

Generalist
 Specialist – if so, in what areas: _____

I would prefer to mentor 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): _____	

I would prefer to mentor in the following area (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): _____	

I am able to be a mentor on these specific topics (please rate in order of importance, checking at least 3 boxes):

- Sharing career insights
- Being a more effective manager and leader
- Preparing to make the transition to a higher level /new employer
- 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 ensure we 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 mentor 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 mentee or mentor as a part of this program.
4. I will discuss and complete a mentoring agreement with my mentee to help ensure clarity and shared expectations.
5. I will treat in strictest confidence all information and matters discussed in my mentoring relationship with my mentee.
6. I will provide feedback as requested to enable effective evaluation of the IPAA ACT mentoring program.

Signature

Date