



## Expression of Interest – MENTOR

Thank you for your interest in being a mentor in the **2017 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 (if no preference, please leave blank):

Entry level to junior officer

Young professional (36 years or under)

Middle manager

Lower Senior Executive Service

APS public servant

ACT Government public servant

IPAA member outside the public service

Women &/or other diversity group (list): \_\_\_\_\_

Other: \_\_\_\_\_

I would prefer to mentor in the following area (if no preference, please leave blank):

Policy

Program management

Compliance and enforcement

Academia

Corporate e.g. HR, IT, Procurement, legal, finance (please list) \_\_\_\_\_

I am able to be a mentor on these specific tasks or activities (if no preference, please leave blank):

- Insight into working in my current employer
- Insight into working in my previous employers
- Being a more effective manager
- Being a more effective leader
- Preparing to make the transition to a higher level
- Preparing to transition to a different employer
- Balancing home, parenting, education, career and extracurricular activities
- Working effectively work with senior staff and/or minister's offices
- Transition to work in different sector i.e. private, State, APS, community sectors (please list): \_\_\_\_\_
- Information about industry trends and technical development (please list): \_\_\_\_\_

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

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## 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 privacy statement
2. I have read and understood the mentoring program guidelines
3. I understand IPAA ACT can take no responsibility for any advice or information exchanged between myself and a mentee or a mentor
4. My name, preferred contact details and employment details will be made available to my mentee or mentor as a part of this program
5. I will discuss and complete a mentoring agreement with my mentor/mentee to help ensure clarity and shared expectations.
6. I will treat in strictest confidence all information and matters discussed in a mentoring relationship with a mentee or mentor
7. 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