



## EXPRESSION OF INTEREST – MENTOR

Thank you for your interest in being a mentor in the **2019 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.

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Signature

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Date