



# Mentoring Learning Agreement

Participants in the refresher program should identify their learning goals and discuss with their Mentor. This form should then be completed and signed by both the refresher participant (Mentee) and the Mentor. If insufficient space is provided in any of the sections below, please attach separate sheets.

Name of Mentee:	Name of Mentor:

### PURPOSE

The purpose of the Mentoring Partnership is:

### **EXPECTATIONS**

Our shared expectations of the **Mentor** are:

Our shared expectations of the Mentee are:

### PARTNERSHIP COMMUNICATIONS

We plan to use the following methods to undertaking our mentoring activities (communication methods, frequency of communication, location and duration)

# Specialist Refresher Program





## Mentoring Learning Agreement

### PARTNERSHIP CONFIDENTIALITY and BOUNDARIES OF DISCUSSION

We understand that confidentiality and boundaries are important in our mentoring relationship. As such, our shared expectations with respect to confidentiality of information shared and boundaries of discussion are:

### **LEARNING GOALS**

Our Mentoring Partnership will assist the Mentee to achieve the following goals to support their further professional development activities:

### **ACTION PLAN**

As a Mentoring Partnership, we agree to the following key action points to assist the Mentee in achieving the identified goals:

## Specialist Refresher Program

## Mentoring Learning Agreement





Participation in program, modules and courses

(If applicable, describe any programs, modules or courses which will be undertaken as part of your overall action plan)

### **LEARNING OUTCOMES**

Identify the Mentee expected learning outcomes and anticipate how they will be implemented into clinical practice

### **DURATION OF PROGRAM**

The length of the program will depend on the learning goals and outcomes you have negotiated with your Mentor. As the program is focused on the Mentee achieving the identified outcomes it is recognised that the final date of completion may change. Any changes made to the final date must be agreed upon by the Mentor and the Mentee.

Commencement date	/	/
Anticipated completion date	/	/

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Mentoring Learning Agreement

## STATEMENT BY MENTEE (PROGRAM PARTCIPANT) AND MENTOR:

Please acknowledge that you have also discussed the following:

- We have discussed the possible challenges to our mentoring relationship and how we can prevent or manage these challenges.
  - We have discussed any limits or constraints that will affect our interactions and how we can handle these.
- We confirm that we have a communication schedule in place.
  - We confirm that we have agreed to an initial commencement and completion date with the recognition that the date of completion may be changed to ensure the participant is able to meet their learning outcomes.

Mentee (participant):			
Name:	Signature:	Date:	
Mentor:			
Name:	Signature:	Date:	

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