



## For the MENTORING PROGRAM

### The Australian Health Promotion Association The Public Health Association of Australia Inc (SA Branches)

Please complete this form if you wish to register as a MENTOR in the mentorship program. Refer to the Information Pack for more information about this process.

Please note that once you are paired with a mentee, this form will be sent to your mentee to familiarise them with your background and areas of expertise.

*Please type your answers into the grey boxes, which will expand as required.*

Name

Address

Phone (work)

(home)

(mobile)

Fax

Email

1. Please list your academic qualifications.
2. Please give details of your two most recent positions of employment (including current position), specific to public health and/or health promotion.

Position 1

Place of employment

Dates of employment

Description of tasks undertaken

Position 2

Place of employment

Dates of employment

Description of tasks undertaken

3. What specific skills, knowledge, and experience would you bring to the mentoring process?
4. What are your reasons for wanting to become a mentor?

5. In which of the following areas would you be prepared to provide mentoring? (to make a cross, double click inside the box):

Epidemiology.....  e.g. expertise and understanding of specific disease/illnesses

Public Health Policy .....  e.g. advocacy or participation in public health policy development

Research.....  e.g. supervising/managing/participating in public health research

Health Promotion .....  e.g. program planning, development, implementation and/or evaluation

Other (please specify area/s of speciality)

6. Please list any other areas, not already mentioned above, in which you would like to mentor.

7. You may not be approached to be a mentor in the current round of the mentoring program due to the incompatibility of mentees who apply. If this is the case, are you happy for us to keep your expression of interest on file to be used in future rounds of the program? (to make a cross, double click inside the box):

Yes

No

*Thank you for completing this application form.*

Please send the completed form to Janine Phillips (Email: [Janine.Phillips@cywhs.sa.gov.au](mailto:Janine.Phillips@cywhs.sa.gov.au), Fax 8161 7778, Phone: 8161 7149)

### **APPLICATIONS CLOSE 2<sup>nd</sup> JUNE 2008**

PLEASE NOTE:

Membership with either the Australian Health Promotion Association (AHPA) or Public Health Association of Australia (PHAA) is **NOT** required to participate as a mentor in the AHPA/PHAA Mentoring Program.