**MENTORING FORM**

COURSE DETAILSDetails

* Course Name  --------------------------------------------------------------------------

Start Date --------------------------------------------------------------------------

PERSONAL DETAILS

Title ------------------------------------------------------------------------

First Name ------------------------------------------------------------------------

Last Name ------------------------------------------------------------------------

Gender ------------------------------------------------------------------------

D.O.B ------------------------------------------------------------------------

Address ------------------------------------------------------------------------

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Telephone ------------------------------------------------------------------------

Email ------------------------------------------------------------------------

DISABILITY

Do you consider yourself to have a disability, impairment [ ] Y [ ] N or long term-condition?

If Yes, then please indicate the areas of disability------------------------------------------------------------------------ impairment or long-term condition.

Would your disability, impairment or long-term condition--------------------------------------------------------------- affect your ability to complete this course?

*What do you want to gain from mentoring*

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Mentoring is via zoom and students are required to have an active email address to participate. You will visually see your mentor and they will visually see you. Mentoring is available in Australian Eastern Standard Time Brisbane unless prior arrangements have been made with your mentor.

Please choose your preference from the list below:

**15 minutes Once a week** [ ] Morning [ ] Afternoon [ ] Night [ ]

Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday [ ]

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**30 minutes Once a fortnight** [ ] Morning [ ] Afternoon [ ] Night [ ]

Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday [ ]

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**60 minutes Once a month** [ ] Morning [ ] Afternoon [ ] Night [ ]

Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday [ ]

A time will be confirmed with your mentor. Your mentor cannot submit work on your behalf and cannot give you answers to assessment questions. It is recommended that students have their questions and concerns ready prior to meeting so that time is utilized accordingly. If students miss a session, they will need to wait for their next session as no make up sessions are available unless doctors certificate is produced.

ACCEPTANCE

I hereby confirm that I have read, understood and agreed to the mentoring conditions

Student Name (Please print your full name)-------------------------------------------------------------------------------

Date (DD / MM / YYYY) -------------------------------------------------------------------------------

Student Signature (Please sign here) -------------------------------------------------------------------------------

***How did you hear about TISOVN?***

[ ] Google

[ ] Facebook

[ ] RSPCA

[ ] Vet Clinic (which one)--------------------------------------------------------------------------------------------------------

[ ] Referred (by who) ------------------------------------------------------------------------------------------------------------

[ ] Other (please specify)--------------------------------------------------------------------------------------------------------