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| --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. |
| Mentee training workshop |
| Fields marked with an asterisk (\*) are required. |
| Section 1. Course details |
| Course title | NTPS Aboriginal Employee Mentor Program – mentee training workshop |
| Course dates |  | Course cost | $100 |
| Venue |  |
| Payment**\*** | **Journal ledger transfer (expense will be charged to your agency’s nominated cost centre and standard classification code)** – fill in section 2, 3, 4 and 5 | Yes/No |
| **Invoice (government owned corporations, government business divisions and non-profit organisations who are not on the JLT system)** – fill in section 2, 3, 4 and 6 | Yes/No |
| Section 2. Applicant details |
| AGS number |  | **Classification** |  |
| First name**\*** |  | **Last name\*** |  |
| Position title**\*** |  | **Agency\*** |  |
| Location**\*** | **Darwin** | Yes/No | **Alice Springs** | Yes/No | **Katherine** | Yes/No |
|  | **Tennant Creek** | Yes/No | **Other (please specify)** |  |
| Email**\*** |  |
| Phone number |  | **Mobile number** |  |
| Do you identify as Aboriginal and/or Torres Strait Islander?**\***  | Yes/No |
| Have you confirmed your EEO details on MyHR?**\*** | Yes/No |
| Have you previously been involved as a mentee in a mentor program? | Yes/No |
| Are you able to commit the necessary time (meeting with mentor at least once a month)? | Yes/No |
| Do you have a career development plan in place? | Yes/No |
| What do you want to achieve from participating in the NTPS Aboriginal Employee Mentor Program (list top 2 goals)?1.2. |
| Section 3. Applicant’s commitment |
| **By signing this form, I confirm that I understand and agree to the following:*** participate in the NTPS Aboriginal Employee Mentor Program for a period up to 12 months
* attend the 1 day mentee training workshop
* maintain regular contact with my assigned mentor
* identify goals and work with my mentor to develop a plan of action
* participate in the evaluation of the program
* give 5 working days cancellation notice prior to the session start date to avoid my agency being charged full course costs
* give 10 working days cancellation notice prior to the session start date to avoid my agency being charged full course costs for courses that have pre-course work and/or diagnostic assessment requirements
* OCPE will notify me if the course is re-scheduled and will transfer my registration to the next available session or will work with me to find a session that suits me and my workplace.
 |
| **Signature\*** |  | **Date\*** |  |
| **Section 4. Line manager’s endorsement** |
| **I endorse this application and will ensure the applicant is:*** released from the workplace to attend the workshop
* participating in the NTPS Aboriginal Employee Mentor Program for a period up to 12 months.

**I understand that:** * **5 working days** cancellation notice prior to the session start date is required to avoid full course cost charges
* **10 working days** cancellation notice prior to the session start date is required to avoid full course cost charges for courses that have pre-course work and/or diagnostic tool assessment requirements
* agencies can only nominate a replacement applicant for courses that do not have pre-course work/diagnostic assessment requirements
* in the event a course is cancelled, OCPE will:
	1. transfer the applicant to the next available session
	2. work with the applicant to find a date suitable for them and their workplace.
 |
| **Name\*** |  | **Position title\*** |  |
| **Signature\*** |  | **Date\*** |  |
|  |
| **Section 5. Journal ledger transfer (additional participant costs eg. travel, accommodation and allowances are the responsibility of the agency)** |
| **Cost centre** |  | **Standard classification number (refer to agency charter of accounts)** | 371 |
| **Section 6. Invoice (to be completed by financial delegate who is authorised to approve the nominated monetary amount)** |
| **Organisation name** |  |
| **Unit/Section/Branch** |  | **ABN** |  |
| **Name** |  | **Position** |  |
| **Phone number** |  | **Email** |  |
| **Billing address** |  |
| **Email to send invoice to** |  |
| **Signature** |  | **Date** |  |
| Further informationEmail your completed form to AECDS.NTG@nt.gov.au For more information, contact the Aboriginal Employment and Career Development division by:* calling 08 8999 4118
* email AECDS.NTG@nt.gov.au
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| End of form |