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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. | | | | | | | | | | | | | | | | |
| Mentor training workshop | | | | | | | | | | | | | | | | | |
| Fields marked with an asterisk (\*) are required.  Fields marked with a caret (^) are for office use only. | | | | | | | | | | | | | | | | | |
| Section 1. Course details | | | | | | | | | | | | | | | | | |
| Course title | | | NTPS Aboriginal Employee Mentor Program – mentor training workshop | | | | | | | | | | | | | | |
| Course dates | | |  | | | | | Course cost | | | $200 | | | | | | |
| 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?**\*** This information is required for the mentor selection process. | | | | | | | | | | | | | | | Yes/No | | |
| What are your qualifications and/or experience that would assist you in being a mentor? | | | | | | | | | | | | | | | | | |
| Why would you like to be a mentor? | | | | | | | | | | | | | | | | | |
| 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 2-day mentor training workshop * maintain regular contact with my assigned mentee * identify goals and work with my mentee 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 information Email your completed form to [AECDS.NTG@nt.gov.au](mailto: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](mailto:AECDS.NTG@nt.gov.au) | | | | | | | | | | | | | | | | | |
| End of form | | | | | | | | | | | | | | | | | |