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| This form is to be completed after the NTPS Aboriginal Employee Mentor Program (AEMP) Meet and Greet Event. Fields marked with asterisk (\*) are mandatory. | | | | | | | | | | | | | |
| Personal Details | | | | | | | | | | | | | |
| Given Name\* | | | |  | Surname\* | | | |  | | | | |
| Age Group\* | | | | 🞏 <24 years 🞏 25-34 years 🞏 35-44 years 🞏 45-54 years 🞏 55+ years | | | | | | | | | |
| Gender\* | | | | 🞏 Male 🞏 Female | Classification\* | | | |  | | | | |
| Position Title\* | | | |  | | | | | | | | | |
| Agency\* | | | |  | Division | | | |  | | | | |
| Location\* | | | | 🞏 Darwin 🞏 Katherine 🞏 Tennant Creek 🞏 Alice Springs 🞏 Nhulunbuy  🞏 Other – please specify: | | | | | | | | | |
| Email\* | | | |  | Phone\* | | | |  | | | | |
| Mentee Information | | | | | | | | | | | | | |
| Have you had a mentor before? | | | | | | | 🞏 Yes 🞏 No | | | | | | |
| How often would you like to meet with your mentor?\* | | | | | | | 🞏 Weekly 🞏 Fortnightly 🞏 Monthly  🞏 Other – please specify: | | | | | | |
| When would you prefer to meet your mentor?\*  *Please note some mentors have restricted hours of when they can meet (i.e. lunch time only), therefore if you are flexible with your time please select ‘No preference’.* | | | | | | | 🞏 Week day – Business hours  🞏 Week day – Lunch time  🞏 Week day – After hours  🞏 Weekend 🞏 No preference | | | | | | |
| **What personal and/or professional goals would you like the mentor to assist you with?**\* **(List top three)** | | | | | | | | | | | | | |
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| Mentor Preference | | | | | | | | | | | | | |
| Have you already identified someone to be your potential mentor? \*  *(Please note: Mentor must be registered under the AEMP)* | | | | | | | | | | 🞏 Yes | | | 🞏 No |
| **If yes, please list your preferred mentor:** | | | | | | | | | | | | | |
| **Preference 1:** | | | | | | | | | | | | | |
| **Name** | |  | | | | **Agency** | |  | | | | | |
| **Phone** | |  | | | | **Email** | |  | | | | | |
| **Preference 2:** | | | | | | | | | | | | | |
| **Name** | |  | | | | **Agency** | |  | | | | | |
| **Phone** | |  | | | | **Email** | |  | | | | | |
|  | | |  | | |  | |  | | | | | |
| **If no, would you prefer a mentor who is:** | | | | | | | | | | | | | |
| * **in the same geographic location as you?** | | | | | | 🞏 Yes | | 🞏 No | | | 🞏 No preference | | |
| * **in the same agency as you?** | | | | | | 🞏 Yes | | 🞏 No | | | 🞏 No preference | | |
| * **male or female?** | | | | | | 🞏 Male | | 🞏 Female | | | 🞏 No preference | | |
| * **at a higher classification than you?** | | | | | | 🞏 Yes | | 🞏 No | | | 🞏 No preference | | |
| * **Aboriginal?** | | | | | | 🞏 Yes | | 🞏 No | | | 🞏 No preference | | |
| **What else would you like us to consider for the mentor matching process? (e.g. preference in mentor’s experience, qualifications and language etc.)** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Thank you for taking the time to complete the questionnaire. This is used to help us match you with an appropriate mentor. | | | | | | | | | | | | | |
| End of form | | | | | | | | | | | | | |