



## **Student Mentoring Committee**

### **Faculty of Nursing**

### **University of Colombo**

## **Mentor-Mentee Agreement form**

### **Introduction**

As a mentor and mentee, we are voluntarily entering into a mentoring relationship. We want this to be a rewarding, rich experience with our time together focused on the professional/personal/academic development of the mentee and the growth of professional relationship. With this goal in mind, we have agreed upon the terms and conditions of our relationship as outlined in this agreement.

### **The Mentor's Pledge**

As a mentor, I will oversee the leadership, professional, career and personal development of my mentee. I will motivate, encourage and support my mentee to the best of my ability. In doing so, I will actively take on the following responsibilities:

- I will work with my mentee to set realistic goals to develop his/her leadership, professional, academic, and personal competencies.
- I will supervise my mentee's' personal and professional development.
- I will respect the confidentiality of the mentor-mentee relationship.
- I will actively listen with an open mindset.
- I will ask probing questions to encourage forward thinking.
- I will stimulate discussion, analysis, and creativity through our interactions.
- I will act as a sounding board rather than attempt to provide solutions./ I will encourage independent thinking rather than prescribing answers
- I will provide objective and impartial guidance.
- I will provide feedback, advice and suggestions, when requested.
- I will empower my mentee to deal with mistakes and setbacks.
- I will respect the aspirations of my mentee, even if those differ from my own.
- I will work with my mentee to help them build self-confidence and motivation.
- I will help my mentee to expand his/her networks.
- I will meet my mentee at least *once a month*.
- I will maintain a professional relationship with my mentee *at all times*.

### **The Mentee's Pledge**

As a mentee, I am dedicated to learning, developing and growing. In doing so, I will actively undertake the following obligations:

- I will assess my leadership, professional, academic, and personal development

needs and set mutually agreeable goals with my mentor.

- I will reflect on what, where, when and how to achieve my goals.
- I will embrace new challenges with a positive attitude and open mind.
- I will receive feedback from my mentor and reflect on the suggestions made.
- I will openly and honestly communicate with my mentor.
- I will share answers/solutions to any issues or barriers that may become present during the mentoring relationship.
- I will initiate and maintain contact and arrange meetings when necessary.
- I will respect my mentor's time.
- I will communicate with my mentor at least *once a month*.
- I will always maintain a professional relationship with my mentor.

### **Frequency of Meetings**

We will attempt to meet at least \_\_\_\_\_ time(s) a week / every other week / per month for \_\_\_\_ hour(s).

If we cannot attend a scheduled meeting, we agree to notify one another in advance.

### **Duration of Relationship**

We have determined that our mentoring relationship will continue as long as we both feel comfortable

### **No-Fault Termination**

We are committed to frequent, open, and honest communication in our relationship. We will discuss and attempt to resolve any conflicts as they arise. If, however, one of us needs to terminate the relationship for any reason, we agree to abide by one another's decision.

### **Mentor**

Name .....

Signature.....

Date.....

### **Mentee**

Name .....

Signature.....

Date.....



## Student Mentoring Programme

### Faculty of Nursing

### University of Colombo

#### Application form for the mentee

1. Name:..... Registration no.....
2. Current address:  
.....
3. Current contact no.: .....
4. District of permanent residence:.....
5. Name of parent/guardian: .....
6. Address of parent/guardian:  
.....
7. Contact no. of parent/guardian (in case of emergency): .....
8. Occupation of parent/guardian (breadwinner):  
.....
9. Financial situation (circle): Stable                      Precarious
10. Family or other support in Colombo (circle): Yes                      No
  - 10.1 If yes, details:  
.....  
.....  
...
11. Self-reported health problems (if any):  
.....  
.....  
...
12. Need for special learning support (circle): Yes                      No
  - 12.1 If yes, details:  
.....  
.....  
.....

13. English competency (circle): Excellent   Good   Satisfactory   Poor

14. Participation in extracurricular activities:

.....  
.....

15. What is your career ambition?

.....

16. Any other relevant

information:.....

17. What do you understand about the mentoring programme?

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.....

.....

Date:

Signature of the student



**Faculty of Nursing- University of Colombo**

**Student Mentoring Program**

**Student Mentoring Record - Format**

Name of the student: ..... Registration Number: .....

No	Date	Matters/issues discussed	Actions taken/ Remarks	Signature of the mentor	Signature of the mentee
01					
02					
03					

