

**THE EATING ISSUES CENTRE (TEIC).**

**MENTOR REGISTRATION FORM**

Information collected on this form shall be used solely for the purposes of TEIC Peer Mentoring Program.

**Section 1 – Personal Details**

Last Name	First Name
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Preferred Name

Contact Address (postal)

Postcode

Business Phone Number	Mobile Number
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Email Address

**Age group**  Under 25     25-35     36-45     46-55     55 & over

**Do you identify as belonging to any of the following communities?** (Please mark as appropriate)

- Aboriginal
- Torres Strait Islander
- Australian South Sea Islander
- Other (*please specify*) \_\_\_\_\_

Do you speak more than one language? Yes    No

If yes, what languages other than English do you speak?

What are your expectations of The Eating Issues Centre during the PMP (Peer Mentor Program)?

What are your expectations of your mentee during the PMP?

What are your expectations of your involvement in the PMP?

What mentoring experience have you had over the past 5 years?

What volunteering experience have you had over the past 5 years?

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What characteristics do you most like or value in yourself?
What characteristics do you like most or value in others? (eg loyalty, communication style)
What skills would you bring to the mentoring relationship? (eg ability to build rapport, good listening skills)
What skills would you like your mentee to possess? (e.g. a willingness to learn, ability to receive feedback.)
Why would you like to participate in the PMP? (e.g. to increase skills, share experience)
Do you have a lived experience of recovery from an eating issue? Yes/No (Please circle). If so, what is your experience of recovery?
Do you have any preferences regarding your mentee? (e.g. Male, Female, Transgender, Intersex, No Gender)
Do you have any other preferences that you would like to mention? (e.g. language or technical skills)
Do you have any other hobbies/interests that you would like your mentee to know about ?
Do you have any concerns about becoming a mentor?
<b>Section 2 – Additional Information</b> (Please attach relevant information, e.g. copy of your resume)

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<p><b>Are you currently studying &amp; what is your highest level of academic achievement?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> School (<i>please specify year level:</i> _____)</p> <p><input type="checkbox"/> TAFE or other vocational qualifications (<i>please specify:</i> _____)</p> <p><input type="checkbox"/> Degree or post graduate qualification (<i>please specify:</i> _____)</p> <p><input type="checkbox"/> Others (<i>please specify:</i> _____)</p>
<p>Are you currently employed? Yes                      No</p> <p>If you answered Yes, what is your occupation and position title?</p>
<p>Do you have any other skills or interests that you would like us to know about?</p>
<p>Do you have a current Blue Card? Yes No</p> <p>If Yes, what is your Blue Card identification number</p>
<p>Approximately how much time per week would you like to commit to involvement in the PMP ?</p>
<p>What days/times are you available to connect with your mentee? (please tick)</p> <p><input type="checkbox"/> Mon am    <input type="checkbox"/> Tue am    <input type="checkbox"/> Wed am    <input type="checkbox"/> Thurs am    <input type="checkbox"/> Fri am    <input type="checkbox"/> Sat am    <input type="checkbox"/> Sun am (9-12)</p> <p><input type="checkbox"/> Mon pm    <input type="checkbox"/> Tue pm    <input type="checkbox"/> Wed pm    <input type="checkbox"/> Thurs pm    <input type="checkbox"/> Fri pm    <input type="checkbox"/> Sat pm    <input type="checkbox"/> Sun pm (12-9)</p> <p>Other information regarding availability:</p>
<p>Do you have a current Drivers Licence? Yes No</p> <p>If yes please insert your DL Number:</p>
<p><b>Section 4 – Declaration</b></p> <p>I declare that the information I have supplied in this application is true and correct to the best of my knowledge and ability.</p> <p>Applicant's Signature: _____ Date: _____</p>