

University of the Highlands and Islands Mentoring Scheme

MENTORING AGREEMENT FORM

It is essential that at the beginning of the mentoring partnership both partners are clear about and agree upon what they expect from each other. Please complete this mentoring agreement together at the professional dialogue meeting to establish the ground rules and provide a starting framework for the partnership.

Once completed the mentee is required to return the agreement form to the Mentoring Scheme coordinator by email to mentoring@uhi.ac.uk.

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| Contact details |
| Mentor Name/Address |  |
| Mentor preferred method of contact (e.g. Phone/Email) | Preference |  |
| Tel no |  |
| Email address |  |
| Mentee Name/Address |  |
| Mentee preferred method of contact (e.g. Phone/Email) | Preference |  |
| Tel no |  |
| Email address |  |
| We have read the mentoring values and agree to role model them in our mentoring partnership (please x) |
| Yes, we agree to role model the values below in our mentoring. | Mentee |  | No, one or both of us would like further clarification and would like the mentoring team to contact us. | Mentee |  |
| Mentor |  | Mentor |  |
| **Reflecting and enhancing our own and others practice** |
| Reflecting on own practice and demonstrating an awareness and willingness to challenge and be challenged respectfully and professionally and to develop oneself through mentoring conversations and to encourage the same for others to enhance practice. |
| **Commitment to self-development** |
| A commitment to engage with relevant professional development opportunities; to enhance knowledge in areas of practice and mentoring techniques and to support the enhancement of the practice of others and oneself.  |
| **Championing diversity and inclusivity** |
| To be inclusive and respect the diversity of the mentoring community, to encourage participation and engagement with mentoring across the university in a supportive, collaborative and inclusive approach. |
| **Building and respecting the mentoring partnership** |
| Respecting and building trust through the mentoring partnership that is focused on achieving the mentoring goals and that meets the needs of the mentee. |
| **Taking a professional and ethical approach** |
| Remaining professional always, including maintaining confidentiality and taking an ethical approach to mentoring. At times this may include knowing when to encourage a mentee to seek support outside of mentoring to meet their needs. |
| We agree on the following goals and objectives as the focus of this mentoring partnership |
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| Contact agreement |
| We will meet for |  | Hours |
| Every |  | Month/s |
| for a period of/until (up to 12 months)  |  | until ALPINE Recognition Panel/recognition application submission |  |
| Our meetings will take place (meetings to be set up by the mentee)  |
| In person at |  |
| and/or through VC |  |
| and/or through Cisco Spark/Skype |  |
| Our ground rules for this mentoring partnership are: *(for example any no-contact times, what each person is prepared to talk about, e.g. work/personal issues)* |
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**For ALPINE Mentoring**

The following comments box may be used for the initial dialogue for ALPINE mentees/mentors. ALPINE Mentors can find further detailed guidance on the ALPINE mentoring process in the ALPINE Mentor Guide.

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| Application submission deadline |  |
| Initial feedback on application draft/mapping and actions going forward |
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| For Senior Fellow, discussion around the leadership evidence that will be explored in the application |  |
| Any areas of CPD/research that can be identified and explored before the application submission date |
|  |
| ALPINE Recognition Panel Review Process discussed |  |
| Two Referee Statements discussed or one for Associate Fellow mentoring |  |
| Requirements of Applicant Statement and Future Aspirations discussed and content planned |  |

Mentoring agreement

We will maintain the confidentiality of our partnership, with disclosure of matters discussed only being revealed more widely with the agreement of both mentor and mentee.

We will both evaluate progress and the mentoring partnership to ensure that our individual needs are being met. In the event that either wishes to withdraw from the mentoring partnership we will contact the Mentoring Scheme co-ordinator.

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| --- | --- |
| Mentee’s Signature & Date | Mentor’s Signature & Date |
|  |  |