

## **Celebrating Nursing Practice: Mentoring Agreement**

The following document is intended to form an agreement between the mentor/mentee.

To be completed before the mentoring begins.

Mentor Contract between;

Mentor.....

Mentee.....

### **Mentee contact details:**

Address:
Post Code:
Tel number:
Mobile:
Email Address:

**Working together:** Appropriate venue options and ways of communicating should be discussed and agreed between the mentor and mentee  
Venue Options:

**Number of Sessions:** It is agreed that we will work together for a minimum of 4 sessions initially.

### **Schedule of Sessions:**

Session regularity: To be agreed between the mentor and mentee

Length of Session: 90 mins

### **Additional Mentor Support:**

It is hoped (and intended) that our mentor relationship will have helped support you the mentee to sufficiently develop your innovation idea.

Of course this is something that whilst remaining the objective of our work cannot be predicted. If so, further support may be considered to help resolve any difficulties should this be required.

**Cancellations:** At least 24 hours' notice should be given if a session is to be cancelled. Re-scheduling is to be agreed between the mentor and mentee.

**Late Arrival/ start of session:** It is expected that the mentoring session will begin at the agreed time. Any session that begins after this time due to a late start for whatever reason cannot be extended beyond the agreed finish time.

**Seeking permission and Intellectual property:**

Have you discussed your idea with your employer or university?

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Do you need to seek appropriate permissions to share your idea?

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**Brief outline of the project:**

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**We agree to the contract as detailed above:**

Mentee.....

Signature .....

Mentor.....

Signature .....

DATE: .....

