

## **MM06 – Mentee Application Form**

The reasons we ask mentees, or referring agencies on behalf of mentees, to complete this form and attend an interview are as follows:

1. To increase understanding of the role of an MM mentee and the commitment it requires.
2. To help the MM Coordinator in matching a mentee to a mentor.
3. A screen to assist in exercising due care regarding the welfare of potential mentors.

In addition to this form all potential MM mentees will be asked to undertake a screening interview.

Please note that all mentee information including contact details, interview notes and related documentation, will be kept confidential and stored securely in accordance with our Privacy Policy and the Privacy Act 1988. We may discuss mentee information with external agencies where secondary consultation is required but we will not disclose identifying details in this process.

To complete the form in on-line mode open the PDF and select the “Fill and Sign” option.

### **Applicant Personal Details**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Email Address: \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

Landline: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Home Address: \_\_\_\_\_

What led you to apply to be a mentee with Mentoring Men? \_\_\_\_\_

\_\_\_\_\_

### **Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Landline: \_\_\_\_\_ Mobile No: \_\_\_\_\_

What are your main interests/hobbies? \_\_\_\_\_  
\_\_\_\_\_

Are there any specific goals you would like to work on? Please list. \_\_\_\_\_  
\_\_\_\_\_

Are you experiencing current and frequent threats of violence? \_\_\_\_\_

Are there any current intervention orders related to you? \_\_\_\_\_

Are you in severe and long term financial difficulty? \_\_\_\_\_

Do you have severe anger management issues? \_\_\_\_\_

Do you have a history of abusing others? \_\_\_\_\_

Are you currently engaged in health and welfare programs? If yes, which programs? \_\_\_\_\_  
\_\_\_\_\_

Do you have substance issues that are significant and not well managed? If yes, please list.  
\_\_\_\_\_

Do you have mental health issues that contribute to your current circumstances? \_\_\_\_\_

Are there any medical conditions that could impact your program participation? If yes, please list.  
\_\_\_\_\_

Do you have your own means of transport? \_\_\_\_\_

What days and times are best for you to spend with the person you are matched with?  
\_\_\_\_\_

How did you hear about MM? \_\_\_\_\_

What is your preferred way for MM to contact you (email/telephone): \_\_\_\_\_

Please feel free to contact us with any concerns or queries. The next step will be for MM to contact you to arrange an interview time. Thank you for taking the time to complete this form.