

Appendix 1 - Mentoring Agreement

Start of mentoring (date)					
End point (if known)					
Frequency (weekly, bi-w	eekly, monthly)				
Coach's Name:		Mentor's Name:			
Meeting Preference: Weekday availability (Mornings/Evenings) Weekend availability (Mornings/Evenings) Preferred day/time					
Communication Preference: Phone, Email, WhatsApp, Slack etc.					
nitial Observation to e completed:			PDP/Grow plan to be completed:		
Coach's expectations of the mentor:					
Mentor's expectations of the coach:					
Format of Mentoring (can use one or all as required)					
1–1 meetings – advice and idea Yes/No sharing session Details (when, where, duration etc):		Supported coaching placement – Peer to Peer/Co-coaching:		Yes/No	
Observation session – Mentee to observe Mentor:		Yes/No	Observation session – mentor to observe coaching:		Yes/No
Resources to be Used					
Coach Log Book: Yes/No			Coaching Skills Analysis Sheets: Yes/No		
Session Plans and Review Sheets: Yes/No			Other:		
Mentor's signature:			Coach's signature:		