



Bravo Ability Services

Willing and Able Mentoring (WAM): Mentee Information

ABOUT THE PROGRAM:

WAM is open to all students, however priority will be given to later year students.

The WAM program involves matching current students with disabilities (mentees) with people currently working in their discipline or a related field of endeavour (mentors).

If matched with a mentor, you will be expected to participate in 6-8 face-to-face meetings over 2-3 months

These meetings are held at or near the mentor's workplace and are designed to provide information about:

- *the industry, professional life and career development*
- *work role expectations*
- *how organisations advertise positions*
- *job search skills (for example, developing your resume, interview and networking skills)*
- *(if applicable), the graduate recruitment process in that organisation or industry*
- *when and how to disclose details of your disability.*

Your mentor will be appropriately trained and briefed prior to the first meeting.

Please note: *Mentors do not find you a job and may not be able to provide you with certain information or access to some parts of their organisation for privacy reasons.*

We encourage you to register and appreciate your interest in the program, and we will do our best to place you with a mentor, however this is dependent on the mentors who apply.

Timeline: WAM will operate in both Semester 1 and Semester 2.

Late February:	Applications open for Semester 1 and Semester 2
Late March:	Applications close 5 pm
Early April:	Mentee training (date and time to be advised)
April-June:	Semester 1 mentoring period
July:	Mentee training on campus (first week of semester, date to be advised)
August-October	Semester 2 mentoring period
October:	End of program celebration (date to be advised)

Registration form starts on page 2!



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Willing and Able Mentoring (WAM): Mentee Registration

Please complete this form and return to admin@bravoconsulting.com.au by mid March

What is your full name?

What name do you like to be called? (if different to your first name shown above)

What is your preferred phone number?

What is your preferred email address?

Please provide name and phone number of an emergency contact:

Current students: Please provide details

Institution	<input type="text"/>
Course (name not code) and year level current year	<input type="text"/>
Student number	<input type="text"/>
What year will you graduate from your current course?	<input type="text"/>

If you are registered with a Disability Employment Service member, please provide details

Name of DES	<input type="text"/>
Location	<input type="text"/>



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Please provide details of any work experience (paid or unpaid). List up to 3 (or attach resume)

Months/years	Organisation	Role
1.		
2.		
3.		

Please let us know when you are available, and when you would prefer to participate

	Available (yes/no)	Say 'yes' to the time period you prefer (if applicable)
Semester 1, (between March and June)		
Semester 2, (between August and October)		

Have you had a professional mentor before? If so, provide as many details as you can.

Mentor's name	
Mentor's organisation	
Sponsor or program (if known) e.g. WAM/PACE	

To assist us to match you with a mentor, what is your ...

Preferred Location (City)	
Preferred Career Area	

List up to 3 things you would like to learn or develop through mentoring?



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Do you have a particular area of interest or a particular job role/career path you are interested in finding out more about through mentoring?

Other interests, activities & achievements (e.g. sports, clubs, arts, prizes, etc.)

Please specify how your disability impacts your day to day life

What access and adjustments might you require for the mentoring program

Will you need to bring heavy, noisy or bulky equipment to mentoring meetings?



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If matched with a mentor, I will (say YES to all in order to be considered for the program)*

<ul style="list-style-type: none"> Attend the training day (if the training day clashes with your study program, we will make other arrangements as required) 	
<ul style="list-style-type: none"> Dress and behave professionally throughout the program 	
<ul style="list-style-type: none"> Collaborate with my mentor to schedule meetings that suit him or her, while not impacting on my course 	
<ul style="list-style-type: none"> Attend all meetings that I schedule with my mentor, or contact my mentor as soon as possible if I am unable to attend a scheduled meeting 	
<ul style="list-style-type: none"> Respect the privacy and confidentiality of my mentor and the organisation during, and after the program 	
<ul style="list-style-type: none"> Contact Bravo Ability Services immediately if an issue with the program arises or if I am unable to continue the program for any reason 	

* You are not expected to know everything, training will be provided.

AGREEMENT

In signing, I am willing to participate fully in the WAM program, and declare that I understand that the program:

- Is time-bound; there is no requirement for my mentor to be available for further contact at the conclusion of the program.
- is designed to assist me to enhance my knowledge, opportunities and skills to develop my chosen career path.
- is not an offer of employment. Consequently, I understand as a non-employee, any injury whilst participating in the mentoring program is unlikely to be compensable under the Safety Rehabilitation and Compensation Act 1988.

Signature:

Date:

(Electronic signature or typing your name is acceptable)

*****PLEASE SEND COMPLETED FORM TO***admin@bravoconsulting.com.au by 5pm on last day of March.**

If possible, please also attach your resume/C.V.

For queries: email or phone Mark Glascodine, Manager – Bravo Ability Services at mglascodine@bravoconsulting.com.au or on 0419 578 098