



Aboriginal Nurse Mentorship Program Registration and Matching Form

The University of Saskatchewan College Of Nursing Aboriginal Nurse Mentorship Program pairs Aboriginal nursing students (within a few weeks of graduating) with Aboriginal registered nurses across Saskatchewan for four months after graduation. The goal of the program is to support Aboriginal nursing students to be successful Aboriginal RNs and transition effectively into the workforce.

Successful mentorships assist new graduate nurses with transition to the workplace and to their professional role. These relationships are voluntary and compassionate. Mentoring is the intentional and nurturing relationship between a more experienced employee (mentor) and less experienced employee (mentee). In this relationship, the mentor demonstrates positive behaviours and provides guidance, support and knowledge to the mentee. This relationship enhances the professional development and personal growth of both the mentor and mentee.

Using the information provided below, the mentorship coordinator will pair mentors and mentees. The mentor and mentee will meet for a three hour workshop (to meet each other, to learn more about mentorship, and how to establish and carry out the relationship). Workshops will be held in April 2018 in Ile-a-la-Crosse, La Ronge, Prince Albert, Saskatoon and Regina. Mileage will be paid for mentors and mentees if they live outside of the workshop locations.

Thank you for your interest in the Aboriginal Nurse Mentorship Program. Please complete this form and email it to **aboriginal.mentorship@usask.ca** or fax it to **1-306-966-6621**, care of Noelle Rohatinsky, Aboriginal Mentorship Program Coordinator. The **deadline** for mentorship program registration and submission of the matching form is **Friday March 9, 2018 at 4:00pm**.

The information provided will be used to match you with a mentor and will be kept confidential. Please complete the form honestly in order to best match you with a mentor to meet your learning needs.



Mentee Profile

(This information is kept strictly confidential and used only by the Mentorship Coordinators)

Date: _____ (YYYY-MM-DD)

Name: _____
(Surname) (First Name) (Middle Initial)

Home Address: _____
(street # and name or Box #) (City) (Postal Code)

Contact phone number#: _____ Email Address: _____

(Please put down a number and email address that you check often. This is required only for contact purposes by the Mentorship Coordinators)

What is your preferred method of contact?

☐ Phone ☐ Email ☐ Other – Specify: _____

Do you have reliable internet access? ☐ Yes ☐ No

Upon graduation what type of employment status would you prefer:

☐ Permanent Full Time ☐ Permanent Part Time ☐ Temporary Full Time
☐ Temporary Part Time ☐ Relief/Casual

Do you have a nursing position secured upon graduation?
☐ Yes ☐ No

If yes, please indicate the physical location and name of the facility.

If no, please indicate where you will be applying for a job (physical location and name of the facility).



Where would you like to work upon graduation?

☐ Urban ☐ Rural ☐ On Reserve ☐ Other – Specify: _____

Preferred geographical location (where would you like to work):

Preferred specialty area (ie. Emergency Room, General Medicine Unit, Long Term Care):

What is your age range? (for statistical purposes only)

- ☐ age 18 to 30
- ☐ age 31 to 45
- ☐ age 46 to 60
- ☐ age 60 and above

Gender: ☐ Female ☐ Male

Is English your first language? ☐ Yes ☐ No

If no, what is your first language? _____

Do you speak any other languages? ☐ Yes ☐ No

If yes, what other languages do you speak? _____

What is your cultural background?

- ☐ First Nations ☐ Metis ☐ Inuit ☐ Non-aboriginal

Have you been involved in a formal or informal mentorship before?

- ☐ Yes ☐ No

If yes, was the mentorship formal or informal?

- ☐ Formal ☐ Informal



Please tell us why you wish to become a mentee and what you hope to accomplish:

Please tell us what you can bring to this partnership (strengths, personality traits, background experience, etc):

Please describe your ideal mentoring relationship:

What expectations do you have of the mentor who would be paired with you?

What are your future career goals?



Do you have an individual in mind whom you would like to be your formal mentor? (Please include mentor name and contact information).

Do you have a work facility/city/town that you would like your mentor to be located?

How important is it that your mentor is Aboriginal?

(Select option that best represents how you feel)

- ☐ extremely important / essential
- ☐ nice to have, but not essential
- ☐ not important

How important is it that your mentor works in the same city / town as you?

(Select option that best represents how you feel)

- ☐ extremely important / essential
- ☐ nice to have, but not essential
- ☐ not important



UNIVERSITY OF SASKATCHEWAN
College of Nursing
NURSING.USASK.CA

 **University of Saskatchewan
Community of Aboriginal Nursing**
Supporting One Another



How important is it that your mentor works in the same area (ie. Emergency) as you?

(Select option that best represents how you feel)

- ☐ extremely important / essential
- ☐ nice to have, but not essential
- ☐ not important

When would be an ideal time to start your mentorship relationship?

(Select option that best represents how you feel)

- ☐ immediately after my course work / finals are done
- ☐ after I secure a job
- ☐ after I write my NCLEX
- ☐ anytime, I do not have a preference

Is there any other information you would like us to know to ensure a successful mentorship partnership?