



# Edmund Rice Mentoring Support

An Initiative of the Christian Brothers and Edmund Rice Network

## MENTOR APPLICATION FORM

### Part A:

FULL NAME:.....

PREVIOUS NAME/S:.....

DATE OF BIRTH:.....

ADDRESS:.....

.....POSTCODE:.....

PHONE: (H).....(W).....(M).....

EMAIL:.....

OCCUPATION:.....

Do you have a valid Drivers' License: Yes / No

Please name all of the Clubs and Groups you belong to or are a member of:

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.....  
.....  
.....

**Part B:**

How did you come to hear about Edmund Rice Mentoring Support?

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.....

Have you had any experience working with young people?

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.....

Why do you wish to be a mentor?

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.....

Do you genuinely feel that you can meet the requirement of spending time on three occasions each month with the young person you are mentoring?

Yes / No / Maybe

Do you feel that you will be able to remain in the program for at least a year?

Yes / No / Maybe

Do you agree to attend a training program prior to being matched with a young person?

Yes / No / Maybe

Would you be willing to make yourself available on a quarterly basis for a 1-2 hour supervision session, for two full training days per year and one evening child protection update each year?

Yes / No / Maybe

**Part C:**

Have you ever been charged with a criminal offence: Yes / No

Please specify:

.....  
.....

Do you hold a current Suitability (Blue) Card issued by the Commission for Children and Young People and Child Guardian:

Yes / No

If yes, please provide the card number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

If no, do you consent to Edmund Rice Mentoring Support submitting an Application for a Suitability Notice from the Commission for Children and Young People and Child Guardian for matters relevant to your background:

Yes / No

Have you ever been under counselling, psychiatric or prolonged medical treatment:

Yes / No

Please specify:

.....  
.....

**Part D: REFERENCES**

Please provide the name and address of three people Edmund Rice Mentoring Support can contact to act as referees for you. The nominated people need to have known you for at least twelve months and have had recent and regular contact with you.

Nominated referees are to include:

- 1) A Character Referee
- 2) Somebody who works in the Youth Sector (teacher, youth worker, psychologist etc)
- 3) Person of the Opposite Gender

Please do not use relatives or partners.

**1) CHARACTER REFEREE**

Name:.....

Address:.....

Phone:..... Occupation:.....

Please provide details of the type of relationship:.....  
.....

**2) WORKER IN THE YOUTH SECTOR**

Name:.....

Address:.....

Phone:..... Occupation:.....

Please provide details of the type of relationship:.....  
.....

**3) PERSON OF THE OPPOSITE GENDER**

Name:.....

Address:.....

Phone:..... Occupation:.....

Please provide details of the type of relationship:.....  
.....

**Part E:**

Is there anything else you believe may be relevant to disclose in regard to your application to Edmund Rice Mentoring Support:

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.....  
.....

I acknowledge and agree that:

1. All information provided is correct.
2. I am under no obligation, if called upon, to perform the role of a mentor for which I have applied.
3. Edmund Rice Mentoring Support is under no obligation to match me with a young person to mentor.
4. As a part of the screening and matching process, Edmund Rice Mentoring Support Staff will require additional personal information from me.

Signature of Applicant: .....

Printed Name of Applicant: .....

Date:.....

**Thank you for completing this form.**

**Please return it along with the signed Applicant Release Form, to:**

**Edmund Rice Mentoring Support  
Programme Coordinator  
Oceania Support Centre  
PO Box 923  
Indooroopilly Q 4068**

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**APPLICANT RELEASE FORM**

Due to the nature of this program, it will be necessary for Edmund Rice Mentoring Support to investigate the background of the applicant.

I consent to Edmund Rice Mentoring Support contacting any agencies, individuals and other entities with which I have contact. I authorise these agencies, individuals and other entities to release any information requested by Edmund Rice Mentoring Support in relation to my prospective role within the organisation.

**This information will remain STRICTLY CONFIDENTIAL.**

Signature of Applicant:.....

Printed Name of Applicant:.....

Date:.....