

BOB FENWICK MENTORING GRANTS PROGRAM



50 O'Dea Avenue, Waterloo NSW 2017
PHONE (02) 8595 1234 | 1300 367 962
FAX (02) 9662 1414

Mentee Application 2024

Applicant Contact Details (Please PRINT if completing by hand; all fields are required)

Surname		Given name(s)	
Address (Home)			
Address (Work)			
Email (Home)		(Work)	
Phone No. (Mobile)	(Work)		(Home)
Employing Organisation			
LHD			

Are you a registered nurse (RN) working in mental health? Yes No

Total length of service as a registered nurse working in mental health: Years Months

Are you working in a rural or remote mental health service in NSW? Yes No

Do you identify as Aboriginal or Torres Strait Islander? Yes No

How did you hear about the mentoring program (Please specify):

Have you received funding for the Bob Fenwick Mentoring Grants Program previously? Yes No

Do you have any current restrictions or conditions on your practice/registration? Yes No

If so, please provide details

Are you currently employed: Full-time Part-time Casually Time-limited Contract On a 457 Visa

How many hours do you work fortnightly?

If successful, are you able to undertake the 2024 placement in: May June July

COMPLETED APPLICATIONS MUST BE RECEIVED BY COB SUNDAY 12 MARCH 2023

**If you are experiencing difficulties with the application,
please contact the Program Team prior to this date. Contact details provided on page 8.**

Mentee name: (please print)

Employer Contact Details (Please ensure all fields marked with * are completed):

*Manager (name)

*Email

Phone No. (Mobile) (Work)

*Director of Nursing (name)

*Email

Phone number

Appendix 1 – MANAGER’S ENDORSEMENT

Please ask your Manager to fill out this section. This section is a part of the Eligibility Criteria, and all areas must be filled out.

* Note: Application forms sent in without this information will not be assessed.

In completing this section and signing it, I endorse the applicant applying for the Bob Fenwick Mentoring Grants Program.

Please explain why you think the applicant is suitable for this grant based on your professional knowledge of them (250 words).

On behalf of your mental health service, you confirm that your organisation will continue to provide the applicant with:

- ✓ continuity of employment as a paid employee of your mental health service whilst on placement
- ✓ time off work to attend the placement
- ✓ workers compensation and public liability coverage
- ✓ continuity of terms and conditions of employment such as leave entitlements and superannuation
- ✓ back-fill for the applicants position while on placement

Manager’s Signature (*signature required) Date



Mentee name: (please print)

Area of interest

In what specific areas of mental health nursing practice would you like to have your mentoring experience?

(For example: Adolescent – Adult Inpatient – Community – PECC – Forensic – SMHSOP – CAMHS – Other)

Please list three preferred nursing practice areas in order of your preferred priority, from highest (1) to lowest (3), keeping in mind that it may not be possible to fulfil all first preferences, but all efforts will be made to do so.

Note: You *may* not be eligible for placement in a Forensic setting if you have less than 2 years' experience as a mental health nurse.

- 1)
- 2)
- 3)

Why are these areas of interest to you? (250 words max)



Mentee name: (please print)

Placement experience sought

The table below is intended to provide a snapshot of your preferred experiences to help the process of matching Mentees to their Mentors. A work plan template will be provided to successful applicants and developed in consultation with the Mentor prior to placement.

Please complete the table below briefly outlining your preferred aspect or experiences with activities you seek at the host facility. Possible aspect or experiences include (but not limited to):

ASPECT	ACTIVITIES
Documentation/Care Plans	
De-escalation or Other Techniques	
Assessment (specify type)	
Multi-disciplinary Interaction	
Mental Health Act (specify area/s)	
Seclusion Management	
Communication (specify type)	
Specific Therapies e.g. DBT, CBT, Family or Other Therapy	
Risk Assessment/Safety Plans	
Co-morbidity	
Early Psychosis and/or Management	
Aboriginal/Torres Strait Islander mental health	
Other	
Other	
Other	

Mentee name: (please print)

Outline how the knowledge and experience you expect to gain during the placement will benefit:

a) Your continuing professional development: (200 words max)

b) Your service in terms of client/patient outcomes: (200 words max)

c) Your service in terms of workplace culture and practices: (200 words max)

Mentee name: (please print)

Applicant Declaration

***Note: this section must be completed, including signatures.**

I am fully aware of the terms of the Bob Fenwick Mentoring Grants Program, and if successful, agree to:

- ✓ Abide by the rules of the Grant (Terms of Placement, Appendix 1).
- ✓ Provide written acceptance of the grant to the Program Manager via email.
- ✓ Develop a work plan in collaboration with my Mentor.
- ✓ Return any moneys not used for the purposes of the Grant if I withdraw partially or fully from the agreed terms of placement.
- ✓ Complete a reflective journal for personal use during the placement.
- ✓ Complete **all initial and follow-up surveys and evaluations** in the time frames required.
- ✓ Provide the Program Manager with a 500-word written report (*within 2 weeks* following my placement), outlining my placement experiences, how they contributed to my professional development and positively impacted my workplace.
- ✓ Inform the Program Team of any change to work circumstances occurring prior to placement.
- ✓ Support the future promotion of the Program.

I understand that Program placement is dependent on funding availability for this round. If I am not successful for a grant in the current round, I would like to be considered for placement on an eligibility list and/or carried forward to the next round if the Steering Committee deems this acceptable (I understand this is also dependent on funding availability for the next round).

YES NO

Completed Information Checklist:

- Have all sections of the application been completed?
- Has the Manager’s endorsement been completed and signed (Page 2)?
- Have you attached a copy of your current Authorisation to Practice?

Name of Applicant:
(please print if completing by hand)

Signature of Applicant:
(signature required)

Date:
(required)

If you are experiencing any difficulties with completing the application or any part thereof, please contact the Program Team prior to the closing date, Sunday 12 March 2023.

Phone: Metro: (02) 8595 1234

Rural: 1300 367 962



Mentee name: (please print)

**Please return the completed Mentee Application Form to the Program Manager
by Sunday 12 March 2023.**

To ensure your application is received promptly, please Scan and Email the completed expression of interest application to: mhmgrant@nswnma.asn.au

Or Fax to: (02) 9662 1414

Or Post to: The Program Manager

Bob Fenwick Mentoring Grants Program
NSW Nurses and Midwives' Association
50 O'Dea Avenue
Waterloo NSW 2017

Definitions:

For the purposes of this Program:

- *'Employing organisation' refers to the mentee's usual place of employment.*
- *'Host organisation' refers to the organisation where the mentee is placed to undertake the mentoring experience.*

Note:

Mentee applications are open until 12 March 2023. Successful applicants will be contacted and formally announced as Mentees following the matching process. Placements are expected to be undertaken between May and July 2023.

***Each applicant is solely responsible for lodgement of their 'Mentee Application Form' by the due date*.**

We recommend that applicants take responsibility for the submission of their own forms to avoid any delays in applications being received on time.

Once your completed forms are received by the Program Manager, you will be sent email confirmation within five business days. If you do not receive confirmation within this time, please contact the Program Manager to ensure that your application has been received.

If you have any problems completing your application, please contact the Program Manager.

Appendix 2 - TERMS OF PLACEMENT

Please refer to the accompanying Program Information Fact Sheet for a summary of the proposed mentoring arrangements.

- a) The Bob Fenwick Mentoring Grants Program is committed to equity and access principles and strives to ensure that the opportunity to apply for a grant is offered to anyone who is eligible and has demonstrated a need for professional development.
- b) Successful applicants will be required to sign a confidentiality statement, abide by their relevant professional code of conduct, EEO and WHS responsibilities and all relevant NSW Ministry of Health policies and procedures which apply in the 'employing' and 'host' organisations.
- c) Applicants will remain employees of their employing organisation and will maintain continuity and terms and conditions of employment during the placement. Sick leave or other leave taken during the placement will be covered and paid under that Mentee's entitlements with their employing organisation. Where sick leave is paid, the daily per diem rate supplied to the Mentee may be required to be reimbursed to the Program.
- d) Mentees will be required to attend the placement at the times agreed between the host organisation, the Mentor and the Program Manager unless otherwise re-negotiated. Unplanned absence for any reason should be reported to the Mentor, the employing organisation, and the Program Manager as soon as possible. Failure to notify may result in withdrawal of the grant.
- e) Mentees will be required to develop a documented work plan in consultation with their Mentor prior to placement, keep a reflective journal during placement and must complete the baseline, end of placement and 2-month follow-up survey evaluation of their experiences in time frames stipulated by the Program Manager.
- f) Mentees must submit a 500-word written report to the Program Manager within 2 weeks of completion of the placement (refer 'End of Placement Written Report' (t), Page 10).
- g) Meeting eligibility does not automatically mean entitlement to a grant or a request for a specific specialty placement. All grant applications will be assessed as part of a competitive merit selection process. The circumstances that will be considered by the Steering Committee include (but are not limited to):
 - Is the applicant a Registered Nurse working in a public mental health service in NSW?
 - How long has the applicant worked in Mental Health (depending on application numbers, priority may be weighted to those with less than 2 years' experience)?
 - Location of service (depending on application numbers, priority may be weighted to those in rural and remote locations as defined by the Rural, Remote and Metropolitan Areas (RRMA) Classification).
 - If the applicant is a person from a culturally and linguistically diverse background or an Aboriginal or Torres Strait Islander.
 - Ability to undertake placement between May and July 2024.
 - The applicant's work experience, the need for the mentoring experience as a new worker, how the experience will contribute to the applicant's career goals and to the mental health service.
 - The applicant's demands of the work role or any other demonstrated need.
- h) Grants cannot be deferred. If a successful applicant cannot take up a grant that has been offered, then the grant to that applicant will be cancelled.
- i) If an offer is not taken up by a successful applicant, it will be offered to the next ranking applicant who was not initially successful.
- j) Successful applicants will be asked to confirm their acceptance in writing with endorsement from their usual Manager within 14 days of notification.
- k) Applicants who are not successful can re-apply for a grant if available in the future, as can applicants who have declined an offer.
- l) If an offer is accepted and taken up (fully or partially), the applicant will not be eligible to apply in future grant rounds.
- m) The placement period will be considered as study leave and the Mentee will not be automatically entitled to shift/weekend/public holiday penalty allowances during the placement (unless negotiated by the Mentee with their Manager prior to commencement).
- n) Mentors and their Managers will be notified of the mentee matched to their service and contact details provided.
- o) Successful Mentee applicants must initiate communication and commence negotiation of mutually agreeable placement dates, times, etc. with their respective Mentor as soon as they receive written notification of their successful application. Failure to initiate contact by the mentee within 1 week of written notification may result in withdrawal of the grant.

Mentee name: (please print)

PRIVACY

- p) The Bob Fenwick Mentoring Grants Program is committed to upholding and abiding by State and National Privacy Principles. All personal information held remains confidential and protected and is only used and disclosed to the extent necessary for the processing, implementation, and promotion of the grants.

ATTENDANCE, GRIEVANCE AND COMPLAINTS HANDLING

- q) Grievances and complaints arising from the conduct of the grants will be handled according to NSW Health Resolving Workplace Grievances Policy and Procedures and Complaint Management Policy. During placement, the Mentee is supernumerary at the host organisation. Consequently, grievances and complaints will be handled by the employing organisation not the host organisation. In such circumstances, the host organisation will have a responsibility to refer non-attendance, grievances, or complaints to the Mentee's usual Manager and to notify the Program Manager.

NO FAULT WITHDRAWAL

- r) Should a successful applicant need to withdraw after accepting the grant, they should discuss this with the Program Manager who will consult with the Program Steering Committee. 'No fault' provisions will apply. However, that applicant will be ineligible to apply for future grants from this source if they have partially completed the placement.

MENTOR REQUIREMENTS

- s) Mentors are required to be experienced registered nurses/clinicians working in public mental health services in New South Wales.

APPEALS

- t) If you believe that the decision made about your application was unfair, you have the right to ask for the decision to be reviewed. To lodge an appeal against a grant assessment decision, you must have been assessed as not eligible for a grant or not successful for a grant place in the current round. Appeals should be lodged in writing to the Program Manager (Bob Fenwick Mentoring Grants Program, 50 O'Dea Avenue, Waterloo, NSW, 2017).

UNSUCCESSFUL APPLICANTS

- u) If your application was not successful for a grant place in the current round, your application may be placed on an eligibility list and / or carried forward to the next round if the Program Steering Committee deems this acceptable (also dependent on funding availability for the next round).

WORK PLAN

- v) Each mentee is required to develop a documented work plan in consultation with their mentor prior to the first morning of placement.
- Mentors are requested to fax, or scan and email a copy of the work plan to the Program Manager on the contact details provided in this document.
 - A work plan template will be provided.

END OF PLACEMENT WRITTEN REPORT

- w) All mentees **must provide** the Program Manager with a **written report of 500 words**, outlining their placement experiences, how they contributed to their professional development and positively impacted their workplace **within 2 weeks following placement**.