

# BOB FENWICK

## MENTORING GRANTS PROGRAM



Health

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

## Mentor Details Form 2024

Please **PRINT** (if completing by hand)

Surname

Given Name(s)

Present Employment Classification

Contact Address

Email (Work)

Phone No. (Mobile)

(Work)

(Home)

Host Facility (Name)

Host Facility (Address)

LHD

When are you able to provide supervised mentorship in your mental health service (the host facility) for a successful Mentee in 2024?

☐ May ☐ June ☐ July

Are you able to provide mentorship for up to 5 consecutive days?

☐ Yes ☐ No

Would you be willing to participate as a Mentor in future rounds?

☐ Yes ☐ No

### Successfully matched Mentee contact details (Office use only)

Surname

Given Name(s)

Phone No. (Mobile)

(Work)

(Home)

Employing Organisation

Employing Organisation Contact Details

**Mentor name: (please print)**

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

*Manager (name)	
*Email	
Phone number	

*Director of Nursing (name)	
*Email	
Phone number	

Director of Mental Health Service (name)	
Email	
Phone number	

Location of Service (Please tick (v) relevant boxes to indicate)

<input type="checkbox"/> Metro	<input type="checkbox"/> Rural	<input type="checkbox"/> Remote	<input type="checkbox"/> Other	
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Type of Service (Please tick (v) relevant boxes to indicate)

<input type="checkbox"/> Inpatient	<input type="checkbox"/> Acute	<input type="checkbox"/> Non-Acute	<input type="checkbox"/> Community
<input type="checkbox"/> Adult	<input type="checkbox"/> CAMHS	<input type="checkbox"/> SMHSOP	<input type="checkbox"/> Forensic
<input type="checkbox"/> Other			

**Mentor name: (please print)**

Briefly outline your qualifications, training and experience working as a mental health nurse/clinician: (250 words max)

As an experienced mental health nurse/clinician, which of your personal skills or areas of interest do you believe will most benefit a new and inexperienced mental health nurse? (250 words max)

Mentor name: (please print)

Areas of experience

In what specific areas of mental health nursing practice can you offer experience to a mentee?  
(For example: Adult Inpatient – Community -- PECC – Forensic – SMHSOP – CAMHS – Rehab -- Other)

1)

2)

Placement experience available through your mental health service

The table below is intended to help the process of matching Mentees to their Mentors.  
Please complete the table below, briefly outlining the experiences that will be available to Mentees should they be placed at your mental health service.  
Possible aspects or experiences include (but are 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	

Mentor name: (please print)

## Appendix 1 – MANAGER OR DIRECTOR’S ENDORSEMENT

This section should be completed by a Manager or Mental Health Director authorised to endorse the Mentor and the mental health service’s participation in the Mentee placement.

In completing this section and signing it:

- ✓ I endorse the experienced clinician nominated below to participate as a Mentor in the Bob Fenwick Mentoring Grants Program.
- ✓ I agree to host the placement of a selected Mentee according to the Mentee Terms of Application (Appendix 3).
- ✓ I agree that in the event that the Mentor is unavailable for any length of time, a secondary senior nurse clinician will be made available to supervise the Mentee during their placement for this period.
- ✓ I agree for the placement to occur between May and July 2024.
- ✓ I agree to forward an invoice for expenses incurred up to \$500 (inclusive of GST) to the Program Manager to reimburse the LHD for out of pocket expenses.

Name of Mentor

Organisation

Manager/Director’s Name

Manager/Director’s Phone No. (Mobile)

(Work)

Email

Manager/Director’s Signature  
 (\*signature required)

Date

## Appendix 2 - MENTOR CONFIDENTIALITY AGREEMENT AND DECLARATION

(\*signatures required on page 7)

THIS AGREEMENT is made on the		day of		20	
by					
[Mentor Name (print)]					
of					
[Mentor Address (print)] (The Mentor)					

## RECITALS

- The Mentor may be engaged in activities related to their role as Mentor for the Bob Fenwick Mentoring Grants Program which may involve the disclosure to the Mentee of certain information which is Confidential Information.
- The NSWNMA requires, and the Mentor agrees, that it is necessary to take all reasonable steps (including by executing this Agreement) to ensure that the Confidential Information is kept confidential.

## OPERATIVE PROVISIONS

### 1. DEFINITIONS AND INTERPRETATION

In this Agreement, unless the contrary intention appears, 'Confidential Information' means:

- the terms of this Agreement and its subject matter;
- information that by its nature is confidential;
- information that is designated by the NSWNMA as confidential;
- information that the Mentor knows or ought to know is confidential;

but does not include information which:

- is or becomes public knowledge other than by breach of this Agreement;

or any other confidentiality obligations:

- required to be disclosed by statute or court order.

### 2. UNDERTAKINGS OF NON-DISCLOSURE

- The Mentor agrees to keep secret and confidential all Confidential Information.
- The Mentor must not:
  - copy, reproduce or directly or indirectly disclose, divulge or communicate any Confidential Information to any person other than for the purpose of mentoring the Mentee; or
  - otherwise place any Confidential Information at the disposal of any person.
- Without limiting, and in addition to, clauses 2.1 and 2.2, the Mentor must not make any announcement or statement, whether orally or in writing, that may reasonably be expected to become publicly available, or communicate with the media in relation to the Program.

**Mentor name: (please print)**

### 3. RESTRICTION ON USE

- 3.1 The Mentor must not memorise, use, modify, reverse engineer, or make copies, notes, or records of the Confidential Information other than in the course of their role as Mentor and registered mental health nurse.
- 3.2 The Mentor must co-operate with the NSWNMA in any action the NSWNMA may take to protect the confidentiality of the Confidential Information.

### 4. INDEMNITY

- 4.1 The Mentor indemnifies the NSWNMA against any claim, loss, liability, or expense incurred by the NSWNMA, which is caused or contributed to by the Mentor's failure to comply with this Agreement.

### 5. APPLICANT DECLARATION *\*Note: this section must be completed.*

I am fully aware of the terms of the Bob Fenwick Mentoring Grants Program and undertake if selected as a Mentor to: (Please tick (v))

- ✓ Abide by the rules of the grant.
- ✓ Develop a work plan in collaboration with the Mentee prior to the placement.
- ✓ Assist the Mentee with their reflective practice on each day's activities for their personal journal entry during placement.
- ✓ Participate in all initial and follow-up evaluations of the mentoring experience in the time frames required.
- ✓ Support the future promotion of the Program.

### Executed as an Agreement (*\*signatures required*)

SIGNED SEALED AND DELIVERED	
by the Mentor:	
(Print name of Mentor)	(*Signature of Mentor)
Date:	
in the presence of:	
(Print name of Witness)	(*Signature of Witness)
Date:	

## Please return the completed Mentor Details Form to the Program Manager by Sunday 31 March 2023.

To ensure your application is received promptly, please Scan and Email the completed Mentor Details Form to:  
[mhmgrant@nswnma.asn.au](mailto: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 facility' refers to the organisation where the mentee is placed to undertake the mentoring experience.

### Note:

Thank you for providing this information. We appreciate your time and interest in supporting inexperienced mental health nurses who are seeking to achieve their professional and employment goals for the betterment of mental health services in NSW.

Mentee applications are open until 31 March 2024. The matching process will be undertaken by the Program Steering Committee during April 2024. Successful applicants will be contacted and formally announced as Mentees following the matching process. Placements are expected to be undertaken between May and July 2024.

Following submission of the Mentor Details Forms, all potential Mentors will be contacted to discuss placements and the proposed arrangements in more detail once matching with the Mentees has been finalised.

Please note that the Program will accommodate up to 20 Mentee placements for up to 5 consecutive days. A significant number of experienced mental health nurses have expressed interest or have been nominated to be Mentors. The matching process will determine Mentors whose services are best able to provide a close match to the experiences sought by Mentees and will aim to equitably distribute Mentees across NSW to lessen the burden on services and build capacity of Mentors. We hope also to be able to place excess Mentors on a standby list to ensure all Mentees can be placed should placement availability change.

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 31 March 2024

Phone: Metro: (02) 8595 1234 Rural: 1300 367 962





## Appendix 3 - TERMS OF APPLICATION

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 their employing organisation.
- 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 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 the time frames stipulated by the Program Manager.
- e) Mentees will be required to keep a reflective journal and must participate in a baseline, end of placement, and follow up evaluation of their experiences and to develop a documented work plan in consultation with their Mentor.
- f) Mentees must submit a 500-word written report or presentation outline 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 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.

## 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 these contributed to their professional development and positively impacted their workplace **within 2 weeks following placement**.