



IAHA

Indigenous Allied  
Health Australia

## INDIGENOUS ALLIED HEALTH AUSTRALIA MENTORING AGREEMENT

Mentor:			
Mentee:			
Start Date:		Proposed completion date:	
Purpose of the mentoring relationship:			
Desired outcomes:			
What we'll do together:			
What we expect from each other:			
How we'll communicate:			
How we'll monitor and evaluate the mentoring partnership:			
Actions we'll take if problems arise:			
Risks:			
How we'll manage those risks:			
I agree to enter this mentoring relationship.			
Mentee:	Mentor:		
Date:	Date:		