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| **FCGP Mentorship Program Agreement** | | | | | | | |
| **Mentee Information** | | | | | | | |
| First Name | | Last Name | | | | | |
| Telephone (Res.) | Telephone (Bus.) | | | | | FMC Registration Number | |
| **Mentor Information** | | | | | | | |
| First Name | | | | | Last Name | | |
| Telephone (Res.) | Telephone (Bus.) | | | | | | FMC Registration Number |
| **Mentorship Period** | | | | | | | |
| Agreement Start Date:  / / | | | | Agreement End Date:  / / | | | |
| **Mentee’s Declaration** | | | | | | | |
| 1. I acknowledge my role as a mentee in the FCGP Mentorship Program. 2. I agree to collect evidence of compliance for my mentor’s review.   Signature of the mentee Date | | | | | | | |
| **Mentor’s Declaration** | | | | | | | |
| 1. I am a FCGP Mentor. 2. I agree to mentor the above named mentee in accordance with the FCGP Mentorship Program Guidelines. 3. I agree to notify the mentee and the College immediately if I am no longer able or willing to continue to fulfill my responsibilities as a mentor. 4. I agree to review the mentee’s progress and submit quarterly Assessment Reports and a Final Assessment Report at the end of the mentorship term. 5. I agree, subject to the above, to respect the mentee’s right to privacy and confidentiality at all times.     Signature of the Mentor Date | | | | | | | |
| **Mentee and Mentor Agreement** | | | | | | | |
| We agree to the following process:   1. To review the FCGP Mentorship Program Guidelines – Assessment Criteria, and identify areas requiring specific attention. 2. To develop an action plan to ensure that the mentee gets advice and guidance in the areas of need to acquire the necessary skills, knowledge and behaviours for compliance.   Signature of the Mentor Date  Signature of the Mentee Date | | | | | | | |
| **For Office Use Only**  Date Received: / /  Signature: | | | Date Approved: / /  Signature: | | | | |
| Expiry Date: / / | | | | |