

BENOWA HONOURS PROGRAM PRE-PROGRAM SURVEY FOR MENTORS

The survey will take approximately 3 minutes to complete. There are no right or wrong answers. When thinking about your answers, please be honest and consider how you feel *at the present time*, not how you have felt in the past or how you expect to feel in the future.

This study investigates your perceptions before and after the mentoring program. In order to match your responses post-program, we ask that provide your name, but will ensure all information in this survey will remain strictly confidential. The sections marked with an "*" are required before we can process your survey.

If you have any questions or require further information please contact Brendon Wolski on (07) 5582 7333 or Louise Horan on (07) 5582 7321.

Details

* Mandatory

Name:*

Program:* The Benowa Honours Program

Survey

As a Mentor I expect to:

1. Be committed to sustaining an effective mentoring relationship*

Strongly Disagree
 Disagree
 Uncertain
 Agree
 Strongly Agree

2. Support my Mentee in their career exploration*

Strongly Disagree
 Disagree
 Uncertain
 Agree
 Strongly Agree

3. Contribute to my industry or profession by assisting a future colleague*

Strongly Disagree
 Disagree
 Uncertain
 Agree
 Strongly Agree

4. Share my professional knowledge and experience with my Mentee*

Strongly Disagree
 Disagree
 Uncertain
 Agree
 Strongly Agree

5. Share my professional networks with my Mentee*

Strongly Disagree
 Disagree
 Uncertain
 Agree
 Strongly Agree

6. Find out more about current trends in education and the school*

Strongly Disagree Disagree Uncertain Agree Strongly Agree

7. Feel that my contribution as a Mentor is valued by my Mentee*

Strongly Disagree Disagree Uncertain Agree Strongly Agree

Short answer questions

8. What specifically do you believe that you can offer your Mentee in terms of their career development?

(i)

(ii)

(iii)

9. How might you personally and/or professionally benefit from the Benowa Honours Program?

(i)

(ii)

(iii)

Privacy Statement

The information on this form will be used by the program coordinators to evaluate the program. Names will be retained in confidential files to enable the [Pre-program Survey](#) to be matched with the appropriate [End-of-program Evaluation Form](#). No names will be used in written reports or documents and participants' confidentiality will be maintained at all times.