



## Mentee Role – Application Form

### Mentorship Program for the Assisted Decision Making Act (ADM) 2015

Dear Applicant,

Thank you in advance for your application to become a Mentee in the Mentorship Program for the Assisted Decision Making Act (ADM) 2015.

Please see below the criterion required of Mentees for this program:

Knowledge	Skills	Attributes
Be employed in a frontline health and social care service.	Ability to identify examples of how the new Act is impacting people – present de-identified cases that are real life examples within a supportive environment to the mentorship set to problem solve, gain insights, learning and consider actions to be taken.	Commitment to further development and knowledge sharing including: <ul style="list-style-type: none"><li>• commit to monthly meetings with their group for a period of 12 months</li><li>• commit to two in-person events, one at the beginning and the second at the wrap up of the programme.</li></ul>
Be nominated by or have approval from their line manager.	Ability to share information with others – verbal and written skills – previous experience in presenting information such as discipline/team meetings.	Openness and willingness to share, listen, reflect and learn.
Have at least three years' experience in their role.	Good communication skills.	Responsible and respectful to others in communication and time keeping, understands requirements of confidentiality and GDPR.
Have a demonstrated interest in the Assisted Decision-Making (Capacity) Act and/or other person-centred initiatives in health and social care	Collaborate with others in a team environment	Enthusiastic and positive about the Act and what change this will bring for those that require it.  Advocates for change and improvement



Please complete the application with the above criterion in mind and seek sign off from your line manager or agreed organisation's delegate. Your Line Manager/QSSI/QPS Lead will be able to assist you in identifying who may approve this application for your area/organisation.

Personal Details	
Name:	
Address for Correspondence:	
Phone Number:	
Email Address:	

Current Role:	
Role/Title:	
Location:  Include details re: which CHO/Hospital Group your role is in/aligned to:	
Reporting to:	
Provide a brief outline of your current role and team	



Provide a brief outline of the roles you have held in the last 4 years:

From	To	Role	Employer/team

Provide a brief outline of recent education and training:

Date/s	Course/Topic	Trainer/Provider



**Please provide responses to the questions below:**

- 1) **Briefly outline, in your own words, your understanding of the Assisted Decision-Making Act 2015:**

- 2) **What do you hope to gain from participating in a mentoring program focused on the Assisted Decision-Making Act 2015, and how do you plan to apply the knowledge and skills you gain through the program in your professional life?**

3) Please describe your experience working with individuals who require support in decision-making. What specific strategies do you use to ensure that their autonomy and self-determination are respected and upheld?

4) How do you typically share new knowledge or skills that you have learned with your team or colleagues? Please give an example of a time when you shared your learning in a way that was effective and well-received by your team.

5) How do you approach working with others who may be resistant to change or new ideas? Please give an example of a situation where you successfully worked with someone who was resistant to change, and how you supported and engaged them to address their resistance.

6) How are you staying up to date on developments and information related to the Assisted Decision Making Act?



In submitting this application, I commit to the requirements of the program including: attendance at a one-day face to face workshop in week beginning 25<sup>th</sup> Sept or 2<sup>nd</sup> October 2023; participation once a month in a virtual meeting with a group of peer mentees; and completing the required pre and post meeting work within agreed timeframes.

Signed:

Date:

Name:

**Please request your line manager/organisations delegate to complete the following:**

**NOTE: Applications received without line management/delegate sign off will not be accepted.**

Line manager/delegate name:	
Contact details:	
Please briefly outline why you are supporting this application:	
Signature	
Date:	

Please submit this application to [adm.mentorship@hse.ie](mailto:adm.mentorship@hse.ie) – on or before CoB 12th May 2023.

**When returning your application, please include Mentee application and service location by CHO/Hospital Group in the subject line: (e.g. Mentee application CHO7)**