



Mentor 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 Mentor in the Mentorship Program for the Assisted Decision Making Act (ADM) 2015.

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

<u>Knowledge</u>	<u>Skills</u>	<u>Attributes</u>
Be employed in a frontline health and social care service or directly supporting staff and teams in frontline services.	Have previous experience supervising, training, supporting or mentoring colleagues/teams.	Firm commitment to the 12 month program that will include assigning time to: <ul style="list-style-type: none"> Facilitate monthly virtual mentorship sessions Attend mentor network virtual clinics monthly/as required. Attend three in-person events
Hold a senior or specialist clinical, advocacy or quality role and have at least 6+ years' experience.	Have good communication skills.	Open to own development and learning, with a willingness to share information and develop others.
Have experience of working with patients/consumers/staff about the current Act or involved in processes that include areas such consent, Ward of Court, decision making, capacity.	Role model of good practice and respected by others for their knowledge and skills.	Understanding of own values, beliefs and behaviours and impact of these on others.
Have demonstrated an interest in the Assisted Decision-Making (Capacity) Act or other person-centred initiatives in health and social care.	Experience of conducting meetings and/or facilitating group discussions.	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 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 6 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) **What will you bring as a mentor to this program?**

2) **Please provide a brief overview of your knowledge of the Assisted Decision-Making (Capacity) Act 2015 – including how you obtained your knowledge of this legislation to date:**



3) What do you hope to achieve by being a mentor on this 12 month program?

4) Please describe a situation where you had to adjust your communication style to effectively communicate with someone who had a different communication style than you? What specific strategies did you use to ensure clear communication and understanding between you and the other person?

5) Please provide one example of when and how you supported a person/s using a rights-based approach:

6) Briefly outline a specific example of how you have used your skills and knowledge to engage others to problem solve and work collaboratively when faced with a challenging situation:

Are you able to attend the following in person events:

7th September 2023

Yes/No

A date to be confirmed week of 25th Sept or 2nd Oct 2023

Yes/No



In submitting this application, I commit to the requirements of the program – including facilitating a once a month virtual meeting with a mentoring set; attending the Mentor Network virtual meetings; and completing the required pre and post meeting work:

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:	

Return this application to adm.mentorship@hse.ie

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