

Practicum Mentorship Agreement

This template document is provided to students or graduates working towards meeting AUSactive professional registration requirements. It is intended to be completed and/or amended in collaboration with the mentor, mentee, education institution and/ or the business in which this practicum will take place.

This is required to ensure that education providers and students are meeting industry expectations and guidelines for practical experience through their studies and training.

This agreement outlines the commitment and framework to developing skills and knowledge within the Scope of Practice for AUSactive Registered Yoga Professionals between: <insert Mentee's full name> and <insert Mentor's name>.

Purpose and desired outcomes of the mentoring relationship: (e.g. goals)

- To provide the Mentee guidance and support to strengthen yoga service delivery
- Provide verbal and written feedback on strengths, opportunities for improvement, goals and any appliable resources to assist further the professional development of the mentee

Activities to be conducted:

- The Mentor is to observe and provide feedback to the Mentee about the yoga delivery to a client or aroup.
- Mentee is required to teach and demonstrate yoga movements and sequences within a class environment. Non-movement based (i.e. meditation) or administrative duties are not included in the 10 hours.
- A minimum of 10 hours of practicum is to take place
- Mentor to review and sign practicum log

Expectations of the mentor:

- Maintain regular contact with the mentee
- Provide guidance, oversight, feedback and encouragement where possible
- Highlight key strengths of the mentee
- Discuss key areas for improvement
- Discuss professional goals and aspirations
- Assist mentee to work towards goals where possible
- Sign and complete the practicum log

Expectations of mentee:

- Responsible for driving the mentoring relationship by providing the necessary resources and organising sessions
- Proactive, engaged and reliable, ensuring that they are prepared for practicum or mentoring sessions and they have reflected on feedback
- Provides services in-line with best practice requirements and endorsed industry guidelines (i.e. prescreening, scope etc.)

Location and duration of Practicum

- ABC Yoga Studio 1 ABC Drive, Canberra 2601
- 12- weeks (01/07/2023-01/10/2023)
- In-person, once per week, between 5-7pm



By signing this Mentorship agreement, I < mentor or mentee > acknowledge the following;

We have discussed and mutually agree to the details above in accordance with the mentee's practicum requirements as outlined by AUSactive.

I agree to act professionally in line with AUSactive's Code of Ethical Conduct and maintain confidentiality at all times. The mentee holds the appropriate level of insurance as well as a current first aid and CPR certificate.

I have acknowledged that this agreement is solely between the mentor and mentee and accept that AUSactive will not be held liable for any issues related to the mentorship agreement or partnership.

Mentor details

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_	e as a mentor for the practicum program, you must meet at least one of the below criteria. ay request additional supporting evidence to confirm mentor eligibility.
Please select	the criteria that applies to you;
	Current AUSactive Registered Yoga Professional with a higher level of registration than the menter student is studying. Registration no.
	Current Registered Yoga Professional with another credible body or association with a higher level of certification or registration than the mentee/ student is studying. Association or Registration body:
agree to the opposite provider. I ha	Intees full name agree to enter into a mentoring partnership with insert mentors full name and conditions outlined in this document and any conditions provided by the student's education are confirmed that my mentor has met the requirements identified above and I can supply this AUSactive on request.
Mentee signa	ature: Date:
agree that I nand and any cond	Intors full name agree to enter into a mentoring partnership with <insert above="" agree="" and="" as="" ausactive="" by="" can="" conditions="" confirmed="" criteria="" ditions="" document="" education="" evidence="" full="" has="" have="" i="" identified="" in="" meet="" mentees="" mentor="" met="" my="" name.="" on="" outlined="" provided="" provider.="" request.<="" sidentified="" student's="" supply="" td="" that="" the="" this="" to=""></insert>
Mentor signa	ature: Date:
Mentor phon	ne:
Mentor emai	il: