

WFSA Mentor/Mentee Consent form:



WFSA
WORLD FEDERATION OF SOCIETIES OF
ANAESTHESIOLOGISTS

Mentor (Print full name and title): _____

Mentee (Print full name and title): _____

Start Date (day/month/year):: _____

Goals - (Mentee, what do you hope to achieve as a result of this mentoring program?)

1

2

3

Steps to achieving goals - (Mentee, how do you envisage the mentor helping you achieve these goals? Mentor, how do you think you could help the mentee with their goals?)

Meeting frequency - (frequency, duration and mode of communication)

Plan for evaluating Mentoring effectiveness - (how will we monitor progress and effectiveness of the mentoring process, e.g. Review of Goals, outcomes, accomplishments)

*Confidentiality: We agree to keep everything that is said within the mentoring relationship confidential unless agreed upon by both parties.
Relationship termination clause: If either party finds the mentoring relationship unproductive and requests that it be terminated, we agree to honour that individual's decision without question or blame.*

Mentee Signature

Mentors Signature