

## Mentor and Mentee Agreement

We are voluntarily entering into this mentoring relationship that we expect to benefit both of us and our facilities within Health PEI. We want this to be a rich, rewarding experience with most of our time spent in substantive development activities. To minimize administrative details and misunderstandings, we note the following features of our agreement:

Specific role of the mentor (examples-coach, guide, give feedback, recommend developmental activities, provide instruction, orientation and support.

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Duration of the relationship **1 YEAR**

Frequency of meetings: **Once a month for 12 months**

Approximate amount of time to be invested by the mentor and mentee

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Confidentiality: \_\_\_\_\_

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Additional discussion and points of agreement: \_\_\_\_\_

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We have discussed the mentoring experience as a development opportunity and its' relationship to the Provincial Nursing Mentorship Program for new graduate nurses and internationally educated nurses.

**We agree to a no-fault conclusion of this relationship if, for any reason, it seems appropriate.**

\_\_\_\_\_  
Mentor Signature

Printed Name \_\_\_\_\_

Unit \_\_\_\_\_

What shift do you work? \_\_\_\_\_

\_\_\_\_\_  
Mentee Signature

Printed Name \_\_\_\_\_

Unit \_\_\_\_\_

What shift do you work? \_\_\_\_\_

*All information above must be completed in order to initiate the mentoring relationship. Return signed agreement to designated individual(s) within the facility*