

Individual Peer2Peer Mentoring Application Form

- ❖ Peer mentoring is about sharing knowledge, ideas and experience to support, encourage and motivate another person.
- ❖ Peer Mentors provide one-to-one peer support and guidance to peers who have a specific goal or goals.
- ❖ The goals are specific to you so that you get the most out of the mentoring relationship.
- ❖ Peer mentors will provide 5 sessions of up to 1.5 hours each (they are unable to provide more than 5 sessions).

Peer2Peer mentors have been trained and shown to have the skills and qualities such as:

- ❖ Having lived experience with disability
- ❖ Being good at listening
- ❖ Being good at asking questions
- ❖ Empathy – they are able to see the world from someone else’s point of view
- ❖ Curiosity - they have an interest in others
- ❖ Challenging people to learn and grow
- ❖ Having difficult conversations with others

I want to apply for the DDAlliance Individual Peer2Peer Mentor to assist me with my goals!

If you are interested in having a peer mentor, contact: Sonia on 0434 085 758 or email peers@ddalliance.org.au for more information.

Once you have filled in the application form, you can send it to us by email at peers@ddalliance.org.au

About me - Background information

1. Name:

2. Address:

3. Post code:

4. Phone Number:

5. Email Address:

6. Are you:

A person with disability

An NDIS participant

A family member of a person with disability

Please let us know if you have any support requirements, for example Auslan or language interpreter, personal support etc.

Interpreter Language:

Other:

7. Which country were you born in?

8. How would you describe your cultural background?

Your cultural background is the cultural/ethnic groups or identities to which you feel you belong. For example, your cultural background might be Italian, Korean, Chinese, Deaf community etc. It can be the same as your parents, grandparents, or it may be the country you were born in. You can write more than one.

9. What language(s) do you speak at home?

10. Have you participated in other peer activity/peer mentor programs before (with DDAlliance or other organisations?)

Yes

No

If yes, could you describe the peer activity, training or program?

INDIVIDUAL PEER2PEER MENTORING AGREEMENT

I agree to...

(Please tick each one if you agree)

- Attend and be on time on all the appointments with my mentor
- Set goals that can be achieved in 5 sessions
- Set these goals at the first session together with my mentor.
- Be respectful of other people
- Give feedback – submit the pre and post evaluation forms

Name:

Signature:

Date:

Please contact us if you need help.

We can answer any questions you have.

Contact Sonia on 0434 085 758 or Email: peers@ddalliance.org.au