

THE EATING ISSUES CENTRE (TEIC).

MENTEE REGISTRATION FORM

Information collected on this form shall be used solely for the purposes of TEIC Peer Mentoring Program.

Section 1 – Personal Details (Please Print Clearly or Complete on Line)

Last Name	First Name
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Preferred Name

Address (where you live currently...this is used to match mentors according to geographical location)

Phone Number 1	Phone Number 2
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Email

Age group Under 25 25-35 36-45 46-55 55 & over

I identify my gender/sex as(e.g. Male, Female, Transgender, Intersex, No Gender)

Do you identify as belonging to any of the following communities? (Please mark as appropriate)

Aboriginal Torres Strait Islander Australian South Sea Islander

Other (*please specify*) _____

Do you speak more than one language? Yes No

If yes, what languages other than English do you speak?

What is your preferred language?

Do you have a disability or require any special assistance? Yes No (Please give details below)

How did you hear about the program?

If you have current GP or other professional that we could contact for a reference please insert contact details

Name	
Profession	Location of practice
Contact Phone	Email

I hereby give consent to The Eating Issues Centre to contact this person for the purpose of assessing my suitability for the mentor program.

Signed

Name	Date
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Do you have any other current supports that you would like us to know about?

Have you recently been admitted to hospital for any of the following: (please give details)

Eating Issues Yes No.....

Self Harm Yes No.....

Medical issues Yes No.....

Suicide attempt Yes No.....

Why would you like to participate in this program now? (e.g. confidence, self care skills, to learn to eat socially)

What are your hopes or goals during the program? (You will be given an opportunity to review this and complete it again when you meet your mentor...) Please fill in to the best of your ability at present.

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Are there any interests or skills that you would like your mentor to have? (E.g. yoga, art, to be able to listen and share their experience)

What skills /abilities do you bring to the mentoring relationship? (E.g. ability to learn, good listening skills)

Do you have any preferences regarding your mentor? (E.g. Age, gender, location etc.)

Do you have any other preferences regarding the type and frequency of contact that you would like to have? (E.g. Email, phone, face to face once – twice a week)

How would you feel about your mentor supporting you with eating? (E.g. Eating out, eating socially)

Are there any other specific things that you would like support with? (E.g. managing emotions, shopping etc.)

Do you have any concerns about participating in the program?

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Section 2 – Additional Information (Provide attachments as relevant, e.g. copy of your resume)

Are you currently studying & what is your highest level of academic achievement? Yes No

School (*please specify year level*): _____)

TAFE or other vocational qualifications (*please specify*): _____)

Degree or post graduate qualification (*please specify*): _____)

Others (*please specify*): _____)

Are you currently employed? Yes No

If you answered Yes, what is your occupation and position title?

Are there next of kin that you would like to nominate that we could contact if we had concerns about your safety? If Yes, please supply details below.

<p>Contact 1</p> <p>Name _____</p> <p>Relationship to you _____</p> <p>Contact Number _____</p>	<p>Contact 2</p> <p>Name _____</p> <p>Relationship to you _____</p> <p>Contact Number _____</p>
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Approximately how much time per week would you like to commit to involvement in the PMP ?

What days/times are you most likely to be available ? (please tick)

Mon am Tue am Wed am Thurs am Fri am Sat am Sun am (9-12)

Mon pm Tue pm Wed pm Thurs pm Fri pm Sat pm Sun pm (12-9)

Any other information regarding availability:

Do you have a current Drivers Licence? Yes No

If yes please insert your DL Number

Is there anything else that you would like us to know about you that may assist us in the matching process or in meeting your needs?

I understand that providing this information is the first step in applying for the mentor program and that it does not guarantee me a place in the program. If I am unsuccessful in this program I understand that my information will be kept on file for a further 12 months and that I may be contacted if there is a suitable match in any subsequent program.

I have read and understand the above information. Name _____ Signature _____

Guiding Questions for Mentee Introductions

Please consider the following six questions and use them as a guide to write a brief introduction (example below), which

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will be used to assist The Eating Issues Centre in matching you with a suitable mentor.

- 1. Age:**
 - Under 25
 - 25 to 35
 - 35 to 45
 - 45+

- 2. What is the nature of your current and any previous eating issues:**
 - Anorexia Nervosa
 - Bulimia Nervosa
 - Binge Eating
 - Mostly restrictive
 - Mostly overeating or binge eating
 - A range of disordered eating behaviours

- 3. Which areas or suburbs would be convenient as a place to meet with your mentor:**
 - Inner City (e.g.,.....)
 - Brisbane South (e.g.,.....)
 - Brisbane North (e.g.,.....)
 - Brisbane West (e.g.,.....)
 - Brisbane East (e.g.,.....)
 - Gold Coast (e.g.,.....)

- 4. If you were not engaging in eating issues or related behaviours what would you like to be doing?**

- 5. Could you share something about what recovery means to you, how you know you are ready for this program and what strengths or skills you might bring to this program?**

- 6. Could you share something about your current interests or something unique to you?**

Mentee Introduction:

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Example Introduction:

“My name is Martha, I am 29 years old. I am currently studying art and trying to overcome Bulimia which I have had for about 3 years. When I was younger I was diagnosed with Anorexia and spent some time in hospital. I like painting and being near the ocean and I love animals, especially dogs. I would eventually like to become a volunteer in a community arts program or animal shelter. I struggle with expressing my feelings verbally even when I trust people and would like to overcome my shyness and feel more confident with people. People say I am pretty funny but I don’t think I am. I have had a lot of counselling and support from people who care about me and have really found that yoga helps calm me down. I am tired of giving so much of my life away to this sickness and would really like to be in recovery. I feel like I am more ready to give it up now and find some new ways to support myself. To me Recovery means not being afraid to be at home alone with food. I live in Caboolture but wouldn’t mind meeting my mentor in Brisbane or Forest Lake (e.g., West End, Kangaroo Point or New Farm). I have my own car and don’t mind driving.

Section 4 – Declaration

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Mentoring Agreement

The Eating Issues Centre Mentoring Program is a time limited program that matches people who are wanting support with recovery from an eating issue with a person who has a lived experience of recovery from an eating issue or someone who has not had an eating issue, but who has an interest in mentoring.

There are no guarantees that all applicants will be considered for the Peer Mentor Program and The Eating Issues Centre reserves the right to refuse any applicant at their discretion. Feedback will be given to participants who are unsuccessful upon request.

All applicants who have completed the application form will be assessed as to their suitability for The Eating Issues Centre Mentor Program (whether mentor or mentee) and must complete a 30 minute interview with an Eating Issues Centre worker.

All mentees must be

- Aged 18 or over
- Have an eating issue and be ready to make a commitment to recovery
- Have the capacity to make a 3/6 month commitment to a mentoring relationship
- Ideally have a current support team (e.g. counsellor/therapist/GP/nutritionist/dietician).
- Are able to get a letter of support from your current (or past) therapist/counsellor stating that they support your application.

Every effort to link applicants with suitable mentors/mentees will be made, however should a mentor or mentee be unhappy with the person they have been matched with they may contact The Eating Issues Centre to have this arrangement reviewed.

During the meet & greet the mentor and mentee will complete a Contact Agreement. A photocopy of this will be held by The Eating Issues Centre. This form will be kept on file and will be referred to by The Eating Issues Centre workers in case there is a need for any further follow up.

The commitment to the mentoring contract is for a 6 month period from the first contact. This program takes up to 7 mentors and 7 mentees in each program and the group will meet together 3 times over that 6 month period. At the Meet & Greet, the Mid Point Review (3 month) and the Final Celebration and Reflection. If at any stage either party is not finding the mentor relationship is working for them or they no longer have a need for the relationship to continue, either party can withdraw. It is preferred if this decision is being considered that it be discussed with an Eating Issues Centre worker first.

If any issues arise outside of the designated meetups, mentees are required to contact The Eating Issues Centre Coordinator for support via email or phone. In an emergency contact your local GP, emergency department or ambulance.

I understand that if I am assigned an Eating Issues Centre Mentor that she/he/they are not a counsellor and his/her/their role is to support me in recovery, developing life skills and confidence in managing my own life, and that if I am needing urgent medical or mental health support I should contact my counsellor, a local Mental Health support service or Emergency Department for support.

Have you read, understood and signed the mentoring agreement? Yes No (Please circle)

Do you have any other questions? Yes No (Please give details)

If you answered "Yes" have these been adequately addressed?

I declare that the information I have supplied in this application is true and correct to the best of my knowledge and ability.

Applicant's Signature:

Date