



# MENTOR / MENTEE PROGRAM

## Application to become a Mentor

The purpose of becoming a mentor is to:

- support the practitioner/student (mentee) to build their knowledge, skill and confidence towards their personal goal
- to refer the mentee to other mentors if additional training and experience is required

<b>Name of Applicant:</b>	
<b>Email:</b>	<b>Phone:</b>
<b>Location (nearest town):</b>	

What level/s of Mentor are you seeking? (please refer to the document 'Guidelines for the Establishment of Mentor/Mentee Relationship')  
 Please highlight which level/s you are interested in:       A       B       C      or       D

**All applicants, please complete the following table:**

INITIAL DP TRAINING		Further Comments
What year did you complete Modules 1 & 2 (most recent)?		
Who was your trainer/s for Modules 1 & 2?		
MENTORSHIP		
Have you worked with a DP mentor since your initial training?		
If so, who was that mentor and when?		
INSURANCE		
Do you have Professional Indemnity Insurance?		
If so, please give the insurer, the insurance reference #, and the expiry date		

**Please complete the questions below ONLY for the Mentor Levels that you are interested in applying for.**

### Mentor Level A

*Becoming a mentor for a Graduate of the Introductory Training who now wishes to apply their knowledge with family members and animals in their own home.*

1. Have you completed at least 10 hours with your own mentor in his/her DP practice?  YES  NO
2. Have you completed Touch for Health 1 & 2 (or equivalent)  YES  NO
3. Have you read "Your Body Doesn't Lie" by John Diamond?  YES  NO
4. Have you conducted DP protocol corrections with at least 30 clients with your own/extended family or as a clinical practitioner?  YES  NO
5. Have you participated as an assistant in a Dawson Program Introductory Training workshop?  YES  NO

### Mentor Level B

*Becoming a mentor for a current clinical practitioner or a graduate who is training to become a Clinical Practitioner.*

1. Are you a qualified, registered Clinical Practitioner under the Dawson Program guidelines (Refer to guidelines in your manual)  YES  NO
2. Do you have the experience of working for at least 6 months regularly in your own clinic? (incl. phone and video link calls)  YES  NO
3. Are you comfortable for the trainee to attend your clinic &/or undertake mentoring by phone or video link calls?  YES  NO

### Mentor Level C

*Becoming a mentor to someone who wishes to become an Advanced Clinical Practitioner.*

1. Do you work at least 3 days/week in your own clinic?  YES  NO
2. Have you been a clinical practitioner for at least 3-4 years?  YES  NO
3. Do you continue to refer back to the Dawson Manual as a form of Professional Development?  YES  NO
4. Have you been a mentor previously (in the DP or other?)  YES  NO
5. Have you been a Dawson Program trainer?  YES  NO

### Mentor Level D

*Becoming a mentor for someone who wishes to become a trainer within the Dawson Program. Please complete the requirements for Mentor Level B as part of this application.*

1. Do you have demonstrated skill in organising training workshops?  YES  NO  
*If yes, please give details:*

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2. Have you conducted workshops or on-line training of the Dawson Program material?

YES  NO

*If so, please give details:*

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### ALL APPLICANTS – PLEASE COMPLETE THIS QUESTION

Please give us a brief understanding of your personal reasons for wishing to become a mentor with the Dawson Program.

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In submitting this application for Level/s \_\_\_\_\_ as a mentor with the Dawson Program, I commit to:

- at least 3 months in this role
- to supporting my assigned mentee to my best ability, and
- to promoting the DP protocol as the foundation stone of the Dawson Program practice.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please scan and email this form to: [admin@dawsonprogram.com](mailto:admin@dawsonprogram.com)

*We will respond as soon as possible.*