

# ACCEPTED MENTOR PROGRAM APPLICATION FORM



This form is to be used for applications to the Accepted Mentor Program and should be read in conjunction with the Accepted Mentor Program Requirements document.

## Mentor Details

First Name:	Last Name:
Phone Number:	Email:
Association membership (please specify):	
Membership Number:	ACL or CRN:

Are you a current loan writer with at least 4 consecutive years' experience?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a professionally qualified educator in lending/credit and have worked in the lending sector for at least 4 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In which state or territory do you provide your Mentoring Plan?		

Is your mentoring program available on a digital platform?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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## Your Mentoring Plan

*Please provide us with a summary of your mentoring plan. You will also need to provide a copy of your Mentoring Plan with this application.*

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### **Frequency and type of contact with the Mentee:**

*Tell us about the frequency and manner of contact such as weekly telephone check-ins or monthly face-to-face meetings?*

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**Nature of assessments:**

*When and how will the Mentee be assessed?*

**Loan submission requirements:**

*Are there requirements around the number of applications the Mentee must submit or the type of applications?*

**Resource requirements:**

*What resources will the Mentee be required to have, such as PC, tablet, internet access, mobile phone with message bank?*

**Reporting requirements:**

*Is the Mentee required to maintain a record of their development such as a logbook?*

**Fee structure:**

*Detail all fees associated with your mentoring plan including upfront, ongoing, commission splits and any other fees associated with your mentoring plan for the full duration of that plan.*

**Continuing Professional Development:**

*Tell us about your professional development activities to ensure that you are maintaining current industry knowledge and best practices (equivalent to 25 hours CPD).*

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## Checklist

Have you:	
Attached your current Mentoring Plan?	<input type="checkbox"/>
Attached your current professional resume?	<input type="checkbox"/>
Attached 4 written references that support your experience as a mentor?	<input type="checkbox"/>
Attached evidence of relevant professional membership/s?	<input type="checkbox"/>
Attached any other relevant information that supports your application?	<input type="checkbox"/>
Completed this application form?	<input type="checkbox"/>

## Declaration & Collection Notice

I confirm that the contents of this application, including all attachments, are true and correct.

I agree to provide any additional documentation or information as requested by an FBAA staff member, for the purpose of assessing and processing my application.

I understand that FBAA will contact external third parties (such as aggregators, lenders, brokers or business development managers) to corroborate the contents of this application.

This application includes information regarding other individuals (such as referees). FBAA collects this information to assess and process this application to the Accepted Mentor Program. I have obtained the consent (and can provide such consent to FBAA on request) of each referee identified in this application (including its attachments) and understand that FBAA is processing this application on the basis that I have obtained their consent.

FBAA is established for purposes including supporting, protecting and advancing the character, status and interests of the finance broking profession. If I provide false, erroneous or misleading information, the directors of FBAA will resolve that I am not suitable for the Accepted Mentor Program because providing false, erroneous or misleading information is contrary to this purpose.

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

Sign: \_\_\_\_\_

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

## Applications

Please submit your completed application to [mentoring@fbaa.com.au](mailto:mentoring@fbaa.com.au). If you have any questions, please call the national office on 07 3847 8119.