**Mentorship Declaration for Mentors & Students**

Complete this form to claim PDPs towards being mentored or providing mentorship.

**Mentors** can earn PDPs for coaching personal trainers to improve their knowledge, skill set and to ultimately become a stronger communicator and role model. **Students** in turn learn from industry experts to develop an understanding of the fundamentals of fitness, effective coaching and everything in between to help clients progress.

**In order to earn PDPs for being mentored or for providing mentorship, the following criteria apply:**

* Minimum 6+ week period for effective mentoring (12+ ideal).
* Minimum 6 contacts for 30 mins within a 6-month period (within the registrant’s current 2-year registration period).
* Mentoring activity spread sporadically across the 2-year registration period will not be recognised unless there are at least 12 meaningful contacts/activities in at least one block of the 12 months of the 2-year period.
* **Student must:**
  + Have either Group Exercise Leader (GEL) certification or mapped equivalent or Cert 3 and 4 as a minimum standard.
* **Mentor must:**
  + Have either Group Exercise Leader (GEL) certification or proven equivalent or Cert 3 and 4 or mapped equivalent (degree or diploma qualified).
  + Have minimum 4 years of continuing industry relevant employment and fitness registration
  + Work within their scope of practice as set out in PAA’s Scope of Practice document, e.g. No nutritional planning or boxing training unless you hold a relevant qualification etc.
* Mentoring content should be fitness or fitness business relevant.

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| **Declaration**  Registration No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Tick one**  **ο** I have completed mentoring for 6-11 weeks (1 PDP) **ο** I have completed mentoring for 12+ weeks (2 PDP)  **ο** I have completed mentoring for \_\_\_\_\_\_\_\_\_ weeks (PDPs upon request) |

**Mentorship Details**

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| **Start date** |  |
| **End date** |  |
| **Contact time per week/fortnight** (e.g. 30mins, 45mins or 60mins sessions) |  |
| **Location / Delivery:** (define whether you met face to face or via phone or video call. E.g “we met once a week and scheduled a 30 minute phone call once a fortnight”. ) |  |
| **Mentoring subject / topic** (what was covered in each session) | Session 1:  Session 2:  Session 3:  Session 4:  Session 5:  Session 6:  Session 7:  Session 8:  Session 9:  Session 10:  Session 11:  Session 12:  \*Please add additional pages if required and attach to this declaration. |
| **Briefly describe what competencies and skills were developed during the mentoring period.** |  |
| **Feedback – what did the student/mentor say about the mentorship program and how has it:**   * improved their career * broadened their skills and knowledge * etc |  |
| **Reflection – what have you learned from providing or undertaking this mentorship program and what would you do differently next time?** |  |

**I hereby declare that the information I have provided within this document is true and correct.**

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

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

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

Please email this document to [register@physicalactivityaustralia.org.au](mailto:register@physicalactivityaustralia.org.au) or post it using the details below.

