**SYCNA Mentoring Programme**

If you are looking to join the South Yorkshire mentoring Programme, please complete the form below as well as only the Objective section of the Action Plan and return to SYmentoring@gmail.com

|  |  |
| --- | --- |
| Name:  |  |
| Age (if under 18 years) |  |
| Address: |  |
| Telephone No: |  |
| Email Address: |  |
| Preferred Method of Contact |  |
| If under 18yrs of age – parent/carer details |  |
| EN Membership Number |  |
| EN Membership Status  |  |
| Date of Into Officiating Course Completion orC Award Course Completion |  |
| Date of C Award Written paper (if taken) |  |

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***SYCNA – Mentoring Programme – Action Plan***

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| --- | --- |
| Name of Learner:  |  |
| Name of Mentor:  |  |
| Action plan agreed:  |  |
| Action plan to be review:  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Objectives** | **Success Criteria** | **Actions** | **Implementation** | **Timescales** |
|  | *What do I want to be able to do or do better?* | *How will I recognise success?* | *How will I review and measure my improvement?* | *What methods will I use to achieve my learning objectives* | *How will I practice and apply what I learn* | *When do I want to achieve my objective by* |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

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| --- |
| **Please provide any further information in here** |