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**UBC Inclusive Campus Mentors Program**

**Information gathering from clinicians interested in mentorship program**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. We would like to ask you about your work experiences
   1. What is your profession: MD / Nursing / OT / PT / SW / Teacher
   2. Where do you work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. How long have you been in this role? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. How long have you been working as a clinician? \_\_\_\_\_\_\_\_\_\_\_\_
2. What is your disability? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Since when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you have experiences of mentoring or supporting students with disability? Y / N. if yes, can you tell us a little bit about this (e.g. organized by who, where, how long)
4. We would like to ask you about your preference for mentoring students with disability
   1. I would prefer to have as my mentees someone (please mark):

|  |  |  |  |
| --- | --- | --- | --- |
|  | A must condition | An important condition | Doesn’t matter |
| From the same profession as mine |  |  |  |
| With a similar disability to mine |  |  |  |
| From my geographical location |  |  |  |
| Other: |  |  |  |

* 1. Which ways of contacting do you prefer; direct (in-person) or indirect (email, Skype, telephone)?

1. What are your expectations from your mentee?
2. What are the things that you think that you should know about mentee?
3. Are you able to commit to the time requirements of this 6-month program? Do you anticipate any challenges that might affect your attendance and involvement during this time frame?

Do you feel you would like to add anything else we didn’t ask about that might be important for organizing the mentorship program?

Thank you so much for your valuable input. We look forward to work with you.

**Please return form to Inclusive Campus team, at:**

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| **Mailing address:**  Tal Jarus  Occupational Science & Occupational Therapy Dept  The University of British Columbia  T325-2211 Wesbrook Mall  Vancouver, BC  V6T 2B5 | **Email:** [inclusive.campus@ubc.ca](mailto:cckline@mail.ubc.ca)  **Fax:** 604-822-7624 |