

2026-2027 MENTORING AGREEMENT
MENTORSHIP TEAM #: _____

CONTACT DETAILS

Name	
Role	
E-mail	
Phone	
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PROGRAM EXPECTATIONS

Our goals for our mentorship team include:

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Our plans for achieving these goals include:

Our agreed upon meeting times (frequency, duration) and other methods of communication include:

MENTORING RELATIONSHIP AGREEMENT

As a Mentorship Team we agree:

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- to attend and actively participate in all sessions with our mentorship group, or advise the Mentorship Program Coordinators and our team if we are unable to attend;
- to make a commitment for the duration of the Program (October 2026 to March 2027);
- to develop an open-minded, committed, and dynamic relationship based upon trust, clear communication, and dedication to professionalism.
- that the purpose of this program is to equip each participant with the skills necessary to advance their career development and help build a community of engineers and geoscientists who are women in Manitoba. In support of this skill and community building, **we agree to meet a minimum of once-a-month by conference call, email, group chat, or face-to-face in accordance with public health guidelines.**
- that this is an academic-year commitment that expires upon the conclusion of the current academic year (but recognize that mentoring relationship can continue beyond the program as agreed upon by participants). We accept our responsibilities to complete this commitment.

However, we recognize that this relationship may be terminated at any time by either the Student, Protégée, or Mentor via written notice to the Mentorship Program Coordinators.

- to keep discussions confidential, unless it is deemed necessary to share the information for safety concerns or agreed to by the Mentor, Protégée, or Student;
- to ask the Mentorship Program Coordinators for assistance whenever clarification is needed, or there is difficulty with the mentoring relationship;
- to notify the Mentorship Program Coordinators of any changes in employment (or university attendance), or contact details; and
- to provide confidential, open and honest feedback on the Program and mentoring relationship, as requested.

Agreement Sign-off

Date

Name – Print

Name – Signature

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