



AFA SOS MENTORING PROGRAM

MENTOR APPLICATION FORM

1. PERSONAL DETAILS

Name:

Organisation:

Position held: OWNER OR EMPLOYEE

2. CONTACT DETAILS

Mailing Address:

City: State: Postcode:

Phone: Mobile:

Email:

Are you currently a member of the AFA? Yes No

Do you have at least 7 years experience as an adviser or 3 years as a practice principal? Yes No

Are you recognised by your peers for honesty, integrity and high levels of professionalism? Yes No

Do you have the desire to further the development of newer advisers? Yes No

Are you prepared to offer impartial guidance to a newer adviser? Yes No

Can you provide about an hour a month of your time towards mentoring a GenXt adviser? Yes No

Are you able to mentor two GenXt advisers? Yes No

3. PROFESSIONAL EXPERIENCE

Please provide us with a brief description of your professional experience including the areas of advice you cover, with emphasis on what type of expertise you could offer to a potential AFA SOS Aspirant:

OFFICE USE ONLY

Entered to State Register by: Date entered: / /

Terms of Participation provided: / / Returned: / /

Name of match: Match introduced: / /



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TERMS OF PARTICIPATION

Dear Mentor,

Congratulations on your decision to participate in the Association of Financial Adviser's SOS Mentoring Program.

The focus of this program is to **bridge the gap in knowledge, skills, experience and networks** between the experienced advice professionals and newer entrants to the world of financial planning. You will note that we are not being prescriptive with regard to the manner in which the Mentor and Aspirant decide to engage. You can reach your own agreement on whether face-to-face, telephone, Skype email or other means work well for you. We do however suggest that, in order to gain the full benefits of the mentoring program, an appropriate amount of involvement would be a time commitment of about an hour a month. We also suggest that you establish a dialogue opportunity at least monthly as regular contact (even if brief) has shown to offer the greatest benefits.

After **3 months** in the program, we will ask you for your initial **feedback** to gauge your progress with the program. Then, after the official completion of your **12 month** match, we will ask you to complete a feedback **questionnaire** which will assist us to evaluate and refine the SOS Program to make it increasingly more effective.

Please note that not all matches will work. Where it becomes apparent that the mentor and aspirant are not compatible, we ask that you inform your State Coordinator so that a new arrangement can be made. However, it is not necessary that the mentor and aspirant see eye-to-eye on all matters as much can be gained from respectful debate over contentious issues. Remember to keep an open and enquiring mind as you build your relationship.

It is also important to note that the Mentor is not there to offer product, technical or compliance training. Nor should the Mentor provide advice that the Aspirant should rely on in advising their clients. The information flow is to be treated as of a general nature only. The Mentor has no legal liability as to the discussions held with the Aspirant – the relationship is one of peer-to-peer. With this in mind, each participant should maintain an inferred duty of care to not deliberately mislead one another.

Finally, it is not in the spirit of the SOS Program to poach or coerce a participant for personal gain. By signing these **Terms of Participation** you are agreeing to this undertaking and agree to exercise the highest possible morality within the intent of the SOS Program.

Below are the guidelines for your involvement and we ask that you sign these Terms of Participation and return them to us to signify your intention to honour the spirit of the SOS Program.

- To be honest and respectful
- To facilitate and contribute to open communication
- To provide and receive positive guidance
- To respect confidentiality
- To honour the trust shown
- To always act with integrity

Please email or fax this form
to your SOS State Coordinator

or to the AFA at:

Email: info@afa.asn.au
Fax: (02) 9267 5003

Signed:

Date: / /