**Mentorship Program**

**EVALUATION FORM**

**EMPLOYEE INFORMATION**

|  |  |
| --- | --- |
| **Last Name:** | **First Name:** |
| **Cell #:** | **Home #:** | **Work #:** |

**SDO INFORMATION**

[ ]  WRHA (Winnipeg) [ ]  Prairie Mountain Health [ ]  Interlake-Eastern
[ ]  WRHA (Churchill) [ ]  Northern Health Region [ ]  Southern Health-Saute Sud
[ ]  Shared Health [ ]  CancerCare Manitoba

**CLASSIFICATION INFORMATION**

[ ]  RN [ ]  RPN [ ]  LPN
[ ]  Other. Identify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ROLE INFORMATION**

[ ]  Mentor [ ]  Mentee [ ]  Manager

**QUESTIONS**

|  |  |
| --- | --- |
| **What worked well. Identify:** |  |
| **What changes would you like to see to the Program. Identify:** |  |
| **Why are these changes suggested?** |  |
| **Would you recommend the mentorship program to others? Yes or no** |  |
| **Why or why not?** |  |
| **Please identify your overall experience in the mentorship program.** |  |
| **Other comments** |  |