**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** |  |

For Southern Health-Santé Sud, submit evaluation form to the Manager - Clinical Initiatives & Mentorship.