

Leadership Mentoring Form

Employee name: _____	Referring Manager Name: _____
Organisation: _____	Additional Manager Name (optional): _____
Town/Suburb: _____	Role Designation: _____

This agreement establishes the terms of participation in a Leadership Mentoring Programme, intended to support the employee in enhancing their effectiveness and performance within their current role.

The Leadership Mentoring Programme will consist of regular, reflective sessions aligned with the employee's responsibilities and day-to-day work activities. These sessions are designed to develop advanced leadership capabilities, critical thinking, and problem-solving skills.

The objective of the programme is to strengthen the employee's ability to navigate complex work situations and apply solution-focused approaches, thereby supporting their continued professional growth and ability to perform at their highest potential.

It is agreed between _____ (client/employee) and _____ (manager) that a facilitated Leadership Mentoring Programme will be initiated with EAP Services Ltd to provide regular and focused mentoring sessions.

Sessions will take place at _____ intervals for a period of ____ months (minimum 6 months).

I understand I have the right to inspect any written information that may be disclosed:

Employee name: _____	Position: _____
Email: _____	Mobile: _____
Date: _____	Signature: _____
Manager name: _____	Position: _____
Email: _____	Mobile: _____
Date: _____	Signature: _____
Additional Manager Name (optional): _____	Position: _____
Email: _____	Mobile: _____
Date: _____	Signature: _____

Leadership and Mentoring is a facilitated process designed to enhance, develop and maintain functionality in the workplace. Please send this completed form and the EAP Consent form through to manager.referral@eapservices.co.nz