



## **EISM Mentor Program**

### **Program Details:-**

The concept of the EISM Mentor Program is that the participants learn how to organise and run major carnivals and this knowledge can then be implemented within the school that employs them. They will also be exposed to Inter-Association Sport on a Team Manager Level. The expectations of students in the EISM Mentor Program are:

#### 1<sup>st</sup> Year – attend and help at:

2 EISM Swimming Carnivals  
1 EISM Athletics Carnival  
1 EISM Cross Country Carnival

#### 2<sup>nd</sup> Year – attend and help at:

2 EISM Swimming Carnivals  
1 EISM Athletics Carnival  
1 EISM Cross Country Carnival

#### 3<sup>rd</sup> Year – attend and help at:

1 EISM Swimming Carnivals  
1 EISM Athletics Carnival  
1 EISM Cross Country Carnival  
\*\*\* Support the 4<sup>th</sup> Year Mentor at  
one of these carnivals

#### 4<sup>th</sup> Year – attend and help at:

1 EISM Swimming Carnivals  
1 EISM Athletics Carnival  
1 EISM Cross Country Carnival  
\*\*\* Be the person in charge at  
one of these carnivals

#### Years 1 to 4:

Attend and help at one of the EISM Beach Carnivals.

### **Application Process:**

The EISM invites EISM Member Schools to nominate a graduating Student or an AFL Trainee for placement with the EISM Mentor Program in Term 4 of each year. The applicant needs to be considering a future as a Physical Education Teacher. Please complete the attached Application Form and submit to the Head of Sport at your School. Your application will then be forwarded on to the EISM Office.

By late January, please advise the EISM Office by email ([exec@eism.org](mailto:exec@eism.org)) or in writing ([Executive Officer, EISM, C/- Luther College, Plymouth Road, Croydon Hills Vic 3136](#)) if you have been accepted into your chosen Physical Education Course. In February, once all applications are processed, the Executive Officer will advise the outcome of your application by telephone.

# Mentor Program Application Form



*Please submit this completed form to the Head of Sport of your EISM Member School*

Name:	
Address:	
Phone Number:	
Mobile Number:	
Email Address:	
EISM School attended:	
University applied to:	
Course applied for:	
Reason(s) for Mentor Program Application:	
Sign & Date:	

*EISM Member School - Office Use Only (Please forward to EISM when complete)*

EISM School Head of Sport:	
Comments:	
Sign & Date:	

*EISM – Office Use Only*

Executive Officer:	Steve Kenworthy
Comments:	
Application Approved:	Yes / No
Sign & Date:	

*The Executive Officer will advise on the outcome of all applications by telephone.*