



## 2024-25 Research Mentorship Program Mentor Intake Form

The Research Mentorship Program supports the professional development of early career researchers and assists new faculty in their transition to UWinnipeg by fostering a sense of belonging at UWinnipeg that builds a cohort for collegial and trustworthy peer-mentoring relationships, formal learning opportunities, and community-building through social events.

To inform us of your interest to mentor an early-career faculty member throughout the 2024-25 academic year, please complete this form and e-mail it to Dylan Jones ([d.jones@uwinnipeg.ca](mailto:d.jones@uwinnipeg.ca)) by August 31, 2024.

*Please note that mentors and mentees will be expected to co-develop their own plan for engagement and expectations and, anything you discuss as a part of your mentoring relationship must remain confidential.*

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Name: \_\_\_\_\_

Academic Rank: \_\_\_\_\_

Number of Years in an Academic Position: \_\_\_\_\_

Faculty/Department: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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### Self-Identification

☐ Please check the box if you self-identify as a Black, Indigenous, and/or Person of Colour (BIPOC) faculty member and would like to join the BIPOC Mentorship Group. The purpose of this group is to foster respectful connections across campus, facilitate a network of resources, and support the professional and personal development needs unique to BIPOC faculty. Additionally, this group is designed to impact the ways The University of Winnipeg works towards a culture that is able to attract, retain, and engage a diverse faculty, which is aligned with the University's Equity, Diversity, and Inclusion Plan and endorsement of the Tri-Agency Dimensions Charter.

☐ Please check this box if you self-identify as having a disability (e.g., mobility, neurodivergence, mental health-related, hearing, seeing, pain-related, etc.). If you would like to disclose the nature of your disability in order to be matched with a mentee with a similar disability, please describe your disability here:

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Do you need any type of accommodation to participate in this mentorship program? If so, please describe:

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### Mentor-Mentee Matching Information

Please answer the following questions.

We will use this information when matching you with a mentee.

1. Why do you want to be a mentor?

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2. Are you willing to mentor more than one mentee? \_\_\_\_\_

- a. If yes, how many? \_\_\_\_\_

3. Do you have someone that you would like to suggest as your mentee? \_\_\_\_\_

- a. If yes, please provide their name:

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4. Describe your research using three key words:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

5. I have experience mentoring in (please check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Developing project budgets     | <input type="checkbox"/> Planning research grants               |
| <input type="checkbox"/> Writing research grants        | <input type="checkbox"/> Research ethics                        |
| <input type="checkbox"/> Mentoring students             | <input type="checkbox"/> Best practices for research assistants |
| <input type="checkbox"/> Team leadership skills         | <input type="checkbox"/> Developing a plan for service          |
| <input type="checkbox"/> Developing a research plan     | <input type="checkbox"/> Research collaborations/partnerships   |
| <input type="checkbox"/> Developing teaching skills     | <input type="checkbox"/> Work/life balance                      |
| <input type="checkbox"/> Preparing for tenure/promotion | <input type="checkbox"/> Knowledge mobilization/translation     |
| <input type="checkbox"/> University governance          | <input type="checkbox"/> Industry partnerships/contracts        |

☐ Other (please specify): \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to share my information with the Research Office for the purposes described in this form.

Personal information collected on this form is used to register you in the Research Mentorship Program, match you with potential mentees, and, if applicable, enroll you in the BIPOC Membership Group. Completed forms will be retained by the Research Office for 2 years and then destroyed. The Research Office may use your personal information for research and analysis regarding the Research Mentorship Program. Any sharing of such research and analysis outside of the Research Office will be aggregated or otherwise anonymized. Your personal information is collected under *The University of Winnipeg Act* and 36(1)(b) of *The Freedom of Information and Protection of Privacy Act*. Questions regarding this collection can be addressed to Dylan Jones at [d.jones@uwinnipeg.ca](mailto:d.jones@uwinnipeg.ca).