

Are you the kind of kid who (Choose at least one option):

- Wants to be doing better in school
- Is interested in going on to college or university
- May be the first one in your family to graduate from high school
- Is interested in working with a university student mentor
- Is willing to explore new opportunities and engage in fun learning activities



Then **eMentoring BC** sounds like the perfect program for you!

What is Aboriginal eMentoring BC?

eMentoring BC is an exciting online program that connects you with a university student as a mentor who can help you explore new ideas, set goals and discover what opportunities are available to you! This program is to encourage you to take the right courses so that when you graduate from high school you can pursue whatever path you desire. The sky is the limit!

Benefits of participating as a Mentee:

- Explore your options for after high school
- Connect with mentors to learn more about university life and experiences
- Get guidance from a supportive team
- Learn how to be prepared for graduation and beyond!

To participate as a mentee, you just need to complete some steps:

First, please check to see if you meet the eligibility requirements:

Basic Eligibility Requirements

- Self-Identifying First Nations, Metis, or Inuit
- Be currently enrolled in school
- Willing to commit to approximately 1-2 hours a week online with your Mentor for a minimum of one school year (September – June)
- Are between the ages of 11 to 18 years

Second, please fill out **all sections** the application form. This is to learn more about you and your interests/skills so that we can pair you up with a mentor that shares similar interests as you.

Third, have the assent and consent forms signed by yourself and your guardian and return to the contact information at the end of this form.

Aboriginal eMentoring Program MENTEE APPLICATION FORM



PLEASE COMPLETE ALL SECTIONS

Incomplete applications will cause a delay in being accepted to the program.
Please ensure that you go over each part carefully with your guardian.

Background Information

Name (please print):

(Last) (First) (Initial)

Mailing Address:

_____ **B.C.** _____

No. Street Apt.# City Province Postal Code

Birth date: _____
Day / Month / Year

Circle one: Male Female

Tel: (____) _____

E-mail: _____

My Aboriginal Ancestry is: First Nations
 Métis
 Inuit

Do you have access to a computer? YES NO

Do you have access to the internet? YES NO

I have access: AT HOME AT SCHOOL
OTHER:

Band Contact information (if applicable)

Address: _____

Telephone: _____

Primary Contact: _____

School Information

Name of School: _____ Currently Enrolled in Grade: _____

Phone #: _____ Principal: _____

Fax #: _____ Counselor: _____

Parent/Guardian Information

Name of Parent/Guardian (please print clearly)

_____ (Last)

_____ (First)

_____ Relationship to child

Tel (Home): _____ Cell: _____ Email: _____

Emergency Contact (please print)

_____ Name (First & Last)

_____ Relationship to you

_____ Phone No.

Questionnaire

What career(s) are you interested in?

How did you learn about the eMentoring Program?

Why are you interested in this program?

How do you feel a mentor could help you with your academic or career goals?

Reference

Please list the name of one person who knows you well and can talk to us about your interests and goals. This person could be a counsellor, teacher, education support worker, (vice) principal, family friend, etc.

First Name: _____

Last Name: _____

Phone: _____

Email: _____

Relationship to you: _____

Participant Consent

I, _____ (*print full name*), have read over this application form and understand the necessary responsibilities and commitment if I am accepted as a mentee into the program.

I also declare the information on this application to be true to the best of my knowledge.

Signature

Date

Parent/Guardian Consent

I, _____ (*print full name*), have read over this application form and understand the necessary responsibilities and commitment if my son or daughter is accepted as a mentee into the program.

Parent/Guardian Signature

Date

Please note: all forms in this application must be complete in order to be accepted into the Aboriginal eMentoring BC program.

APPLICATIONS MAY BE FAXED/MAILED/EMAILED TO:

Attn. Katherine Wisener

eMentoring Program

eHealth Strategy Office, University of British Columbia

855 West 10th Avenue, Vancouver BC V5Z 1L7

Fax: (604) 875-5083

Email: katherine.w@ubc.ca

For further information please call: (604) 875-4111 ext. 69145

or visit www.ementoringbc.com

Find us on Facebook! www.facebook.com/ementoringbc

Parent/Guardian Consent Form

Dear Parent/Guardian: Please read this consent form. If you agree with what it says, please sign it and include it in your child's mentee application. Please keep a copy for yourself.

We are asking you that you and your child provide feedback about the **eMentoring program** which they are participating as a mentee.

The eMentoring project is an online mentoring program to support Aboriginal youth to stay in school and consider a career in health. Mentors and mentees will go through an online personal quest using www.icouldbe.org. Mentors are post-secondary students across BC, and mentees are youth in grades 6-12. Mentor-mentee relationships will last a minimum of one school year. Dr. Sandra Jarvis-Selinger is the lead researcher of this project. Her contact information can be found at the end of this form. Funding for this project has been provided by a Canadian Institute of Health Research grant.

Using your and your child's feedback, we hope to learn about the impact that eMentoring has on promoting awareness, interest and enrolment in post-secondary education for Aboriginal youth.

Project Procedures

If you consent to your own and/or your child's participation, we invite both you and your child to complete a survey/interview at the beginning, middle, and end of the eMentoring project. The purpose is to learn how useful both of you think the eMentoring program is. You will both be able to talk about his/her thoughts and ideas about program. Both of your feedback will help us to improve the program in the future. You do not need to do anything to prepare for this.

Time and Data Requirements

Each survey/interview with you and your child will take about 30 minutes, with an extra 15-20 minutes if the project team needs to ask your child more questions. That means the whole study will take no more than 3 hours per person over the course of one year. We would also like to record the audio during the interviews. Information on these tapes will be kept confidential and will be used to help us better understand the feedback.

Confidentiality

If you provide consent for you and/or child to participate, both of your identities will be kept confidential. The completed consent form will be kept separate from the data. All data will be kept in a locked filing cabinet. Only members of the project team will be able to see this information. Your or your child's name or any other identifying information will not appear in any project reports.

Known Risks of Participating in the Project:

There are no known risks to participation. This feedback will be collected only after you and your child are made fully aware of the project, and after informed consent is obtained.

Contact Information about the Project

If you have any questions about this project, or would like a summary of the results, you may contact Sandra Jarvis-Selinger at 604-875-4111 ext. 69132, or Yolanda Liman at 604-875-4111 ext. 69141.

Contact for Concerns about the Rights of Research Participants

You are not waiving any legal rights in signing this consent form for your child. If you have any concerns about your child's participation in this study, you may contact the Research Subject Information Line in the UBC Office of Research Services at 604-822-8598.

Consent

You and your child's participation is voluntary and either of you may refuse to provide consent for your participation or stop your participation at any time without any consequences. You can take as much time as you need to decide if you would like you or your child to be a part of this project.

You have received two copies of a consent form for participation in this project. **If you choose to provide consent for you and your child to participate, please keep a copy of this form for your records and return the other signed copy to Aboriginal eMentoring BC with this application.**

Please sign AND complete sections 1 AND 2. Both sections MUST be complete for you and your child to participate.

SECTION 1

By signing below you are providing consent for **you** to participate.

_____	_____	_____
Parent/Guardian Name	Parent/Guardian Signature	Date

SECTION 2

By signing below you are providing consent for **your child** to participate.

_____	_____	_____
Parent/Guardian Name	Parent/Guardian Signature	Date

Sincerely,

UBC eHealth Strategy Office,

Dr. Sandra Jarvis-Selinger, Associate Director, sandra.js@ubc.ca, 604-875-4111, ext. 69132.

Yolanda Liman, Research Coordinator, yolanda.l@ubc.ca, 604-875-4111, ext. 21502

Katherine Wisener, Project Manager, katherine.w@ubc.ca, 604-875-4111 ext. 69145

Mentee assent form on next page

Mentee Assent Form

Dear Mentee: Please read this consent form. If you agree with what it says, please sign it and include it in your application form. Please keep one copy for yourself.

Title of Project: eMentoring: Building pathways to health careers for Aboriginal youth

Invitation: I am being invited to be a part of a research study in my community or school. This research study is about the eMentoring program I am involved in, where I have an online mentor.

Why are we doing this study?: This study wants to find out...

- 1) how much you enjoy eMentoring;
- 2) how eMentoring is influencing your attitudes towards school and university;
- 3) how the eMentoring program can be made better

What will happen in this study?: If I agree to be in this study, my community lead will help me complete a survey/ interview at the beginning, middle, and end of the program. During the survey/interview I will be able to talk about my thoughts and ideas the eMentoring program. I do not have to do anything for this study before I start it.

People doing the study: Dr. Sandra Jarvis-Selinger and other researchers at UBC are doing the study. They will answer any questions I have about the study. I can call them at the phone numbers listed at the end of this form. Only the study team members will know that I am in the study.

Time: Each survey/interview will each take about 30 minutes, with an extra 15-20 minutes each if they need to ask me more questions about my answers. That means, the whole study, over the course of the entire eMentoring program will take no more than 3 hours.

Who will know I am in the study?: Only the people doing the study and my parent/ caregiver will know I am in it. Everything I say on the survey or in the interview will be kept confidential, and only the project team will have access to my answers.

Known Risks of Participating in the Project:

I understand that there are no known problems for me by being a part in the project.

Consent

I can decide to be in this study if I want to. I can stop being a part of the project at any time without any problems from anyone. I have as much time as I want to decide to be part of the study.

If I sign my name, it means that I want to be in the study. Once I have signed this form, I will include it with my mentee application and keep a copy for myself.

_____ Child'd Name (Please print)	_____ Child's Signature	_____ Date
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