

**WATERWAY MANAGEMENT TWINNING PROGRAM 2020  
APPLICATION FORM- MENTEE**

*‘A ship is safe in a harbor, but that is not what a ship is for...’*

John Shedd

CONTACT DETAILS	
Name	
Group or Organisation	
Role	
Email	
Telephone (work hours)	
Postal Address	
ABN	
Name of Project <i>(for which you are seeking mentorship)</i>	
Are you seeking a scholarship?    Yes /    No If yes, please tick which scholarship	Scholarships available:
If yes, would you like to be considered for a fee-paying place in the Program if you are unsuccessful in accessing a scholarship. Yes /    No	Traditional Owner/ Aboriginal community member  Landcare/ Community based organization

**WHY DO YOU WANT TO BE MENTORED?**

*What you hope to gain both personally and professionally by being mentored*

**DESCRIBE YOUR WATERWAY MANAGEMENT PROJECT**

*Please describe the project you wish to be mentored with. Please provide information about its location, a brief history or context, key challenges and perceived timeframe. Note that most successful partnerships have been based on a project that is both flexible in its delivery, and for which the mentee has a large degree of autonomy. The project can be developed with the mentor once the application starts, if so, please provide the general scope of your proposed project (e.g. native fish protection, environmental water, riparian restoration, wastewater treatment, policy, M&E, communications, community engagement...)*

**EXPLAIN THE CURRENT STATUS OF YOUR PROJECT**

- *What progress been made with this project to date?*
- *Are there significant risks to this project that will prevent it from going ahead (e.g. project not funded, permissions/permits/licencing unlikely to be granted etc.)?*
- *Does your organisation support this project and, if so, in what ways?*

**WHAT ASPECTS OF THIS PROJECT WOULD YOU LIKE HELP FROM YOUR MENTOR WITH?**

WHAT SKILLS/EXPERIENCE WOULD YOU LIKE YOUR MENTOR TO HAVE?

**IF NOT A CATCHMENT MANAGEMENT AUTHORITY**, PLEASE DESCRIBE YOUR ORGANISATION AND THE ROLE IT PLAYS IN WATERWAY MANAGEMENT

IS THERE ANY PARTICULAR ORGANISATION/PERSON THAT YOU WOULD LIKE AS A MENTOR

YES / NO

*(The Twinning Program team are happy to make contact with a group or organization that you think would benefit your project)*

Organisation Name	
Contact Name (if known)	
Has contact been made with this group/person to date?	YES / NO

DESCRIBE HOW YOU WOULD FEEL IF YOU WERE SUCCESSFUL IN BECOMING PART OF THE WATERWAY MANAGEMENT TWINNING PROGRAM

Please provide the name and contact details for one referee to support you application

<i>Name</i>	
<i>Organisation</i>	
<i>Position</i>	
<i>Email</i>	
<i>Phone</i>	

HOW DID YOU FIND OUT ABOUT THE WATERWAY MANAGEMENT TWINNING PROGRAM?

Former participant

Manager

Twinning is Winning Website

Newsletter – which one? .....

Conference – which one? .....

Other, please specify .....

TERMS AND CONDITIONS

1. The Waterway Management Twinning Program focuses on Victorian waterway professionals and they will be given preference over applications from other States. Other than scholarship positions, priority will be given to staff members of Catchment Management Authorities and projects that implement the [Water for Victoria](#) and the Victorian [Regional Riparian Action Plan](#). Waterway professionals from other States are welcome to apply if their organisation is prepared to fully fund all their travel, accommodation and program costs (\$6000 GST exclusive).”
2. Successful applicants must attend **all whole-of-group workshops** to be held in regional Victoria, and will present on their project. Dates of the three workshops in 2020 are:
  - **25 - 27 February**
  - **2 - 3 June**
  - **27 October**
3. Successful mentees will host their mentor at least once through the Twinning period, allowing time and resourcing, as to enable the mentor to properly understand the project (e.g. site visits, access to resources etc).
4. It is preferred that successful mentees visit their mentor’s region at least once through the Twinning period.
5. Non-scholarship mentee places require a commitment of \$6000 (GST excl.) by the mentee’s organisation. Of this amount, \$4000 is required as payment to Glenelg Hopkins CMA before your participation in the program is secured. An invoice will be sent once participants have been selected. The funding is to be used primarily for travel and accommodation costs over the life of the Program and is split as follows:
  - \$2000 is kept by the GHCMA Program administrators to fund workshop costs including venue hire, food and accommodation. Note that this does not include the purchase of beverages, or travel to and from the workshop location. These costs should come out of the participating organisation’s travel funds, see below.
  - \$2000 will be passed from GHCMA Program administrators to the mentor for costs associated with travel to and from the workshop, to and from the mentee’s location, and any other costs relevant to the project.
  - \$2000 to be retained by the mentee in a dedicated account to cover any costs associated with the mentee travelling to and from the workshop, to and from the mentor’s location, and any other costs relevant to the project.

Expenditure on non-travel related items may be done with prior approval from GHCMA Program administrators and will be outlined within the mentor/mentee agreement.

6. It is expected that program participants provide some in-kind contribution to the program, primarily in the form of their time.
7. Successful applicants will provide reporting on the nature and outcomes of the Twinning partnership including any in-kind contribution.
8. Successful applicants’ organisation must hold an ABN.

I have read the Terms and Conditions and Entry Guidelines and accept the obligations associated with applying as a mentee for the Victorian River Management Twinning Program. I am a duly authorised representative of the nominated organisation.

**APPLICANT'S SIGNATURE**

<i>Signature</i>	
<i>Name</i>	
<i>Position</i>	
<i>Date</i>	

**APPLICANT'S MANAGER'S SIGNATURE (IF A MANAGER EXISTS)**

<i>Signature</i>	
<i>Name</i>	
<i>Position</i>	
<i>Phone</i>	
<i>Email</i>	
<i>Date</i>	

**Completed forms must be returned to Jan Barton [j.barton@ghcma.vic.gov.au](mailto:j.barton@ghcma.vic.gov.au) by COB Monday October 21 2020. Please contact Jan (03) 5571 2345 with any queries relating to the program or its application process.**