

Near-peer support scheme agreement proforma (template)

This template is adapted from the proforma provided in eLfh's Medical Mentoring module.

Name of near-peer supportee (i.e. the foundation doctor):

Name of near-peer supporter (i.e. the more senior trainee):

Start date:

Estimated end date:

How often and for how long do you plan to meet?

When/ where do you plan to meet?

Preferred method of communication:

Agreement to maintain confidentiality (except where there is a risk of harm to any person)

What do both parties wish to gain from the near-peer support relationship?

Any further notes or comments on the arrangement:

Signed (Near-peer supportee):

Signed (Near-peer supporter):