



THE UNIVERSITY OF  
NEWCASTLE  
AUSTRALIA

# Specialist Peer Mentoring Program Information

Providing Support to Tertiary Students on the Autism Spectrum and Related Conditions

The Specialist Peer Mentoring Program is designed to support students on the Autism Spectrum and related conditions to improve their retention, academic success and wellbeing at university through the employment of a peer-mentoring program.

Research has shown that tertiary students on the Autism Spectrum may experience difficulties with:

- planning and organising
- verbal comprehension
- group work and oral presentations
- forming friendships and joining groups
- seeking help / self-advocacy
- anxiety / depression.

Research has also shown that an experienced specialist peer mentor can help with these difficulties.

## What is a Specialist Peer Mentor?

A Specialist Peer Mentor is a friendly, successful and experienced student who has received specific training in Autism Spectrum Conditions. Each student mentee is paired with a Specialist Peer Mentor who is available to provide support and guidance according to their mentee's individual needs.

Mentors provide mentees with the opportunity to discuss personally relevant issues and their short, medium and long term academic and life goals. Individual communications and/or meetings encourage the mentee to develop strategies to work through specific problems and practise target skills. Mentors can also assist students in locating appropriate services or groups on campus.

Mentors work toward the long term goal of trying to help their mentee gain as much confidence, independence and self-advocacy as possible in preparation for a more successful life.

## What else can the Specialist Peer Mentoring Program do?

- Facilitate a Social Group to help mentees build a welcoming social network within their campus community.
- Support mentees to gain work experience/employment in their field of interest/study over the course of their studies.

## Mentees' key role and responsibilities

- Respond ASAP to any communications from their mentor during the semester.
- Contact/meet their mentor at agreed times (and locations on campus if applicable).
- Advise their mentor by email/text of any unavoidable changes to arrangements at least 24 hours in advance.
- Communicate any difficulties they may be experiencing to their mentor.
- Be open to try different techniques to improve these difficulties.
- Try to attend Social Group events when possible.

## Mentors' key role and responsibilities

- To listen to their mentee's concerns and provide guidance for overcoming the challenges of studying in a tertiary environment.
- To link their mentee with clubs, services and supports that are on campus to help them succeed socially, emotionally and academically.
- To provide assistance with strategies for organising and planning workloads, working within groups, giving presentations, finding employment and so on.
- Try to attend Social Group events when possible.

**For more information please contact the Program Coordinator**

**Katy Lambert or Georgie Kerr**

P +61 2 4921 6622

AccessAbility@newcastle.edu.au



## SPECIALIST PEER MENTORING PROGRAM

# Mentee Consent Form

As part of providing a peer mentoring service to you, the Program Coordinator and your assigned mentor will need to collect and record personal information from you that is relevant to your current situation. This information will be a necessary part of assessing the areas that you may need support with while at university.

### Access

You may access the material recorded in your file upon request, subject to the exceptions in National Privacy Principle 6. If you wish to see your file, you may make a request to your Program Coordinator to help you with this.

### Confidentiality

All personal information gathered by the Program Coordinators and mentors during the provision of mentoring services will remain confidential and secure except when:

1. It is subpoenaed by a court, or
2. Failure to disclose the information would place you or another person at risk; or
3. Your prior approval has been obtained to
  - (a) provide a written report to another professional agency e.g. a GP or another professional, or
  - (b) discuss the material with another person e.g. a parent or employer

Generally files are kept for a minimum of five years and are then destroyed.

To participate in the Specialist Peer Mentor Program you will need to give permission for us to contact your parent/support person should an emergency arise or more details about your situation need to be known.

You will also need to be aware that a copy of your AIP will be provided to your mentor to assist them in providing appropriate support to you.

I, *(print name and student number)* \_\_\_\_\_ have read and understood the above Consent Form. I agree to these conditions for the mentoring service provided by the Specialist Peer Mentoring Program.

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

*(Type your name and student number, or print and sign here)*

**Return your completed form via email (please send from your UON email account) or drop it in to AccessAbility.**

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### SPECIALIST PEER MENTORING PROGRAM COORDINATOR

**Katy Lambert** or **Georgie Kerr**

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## SPECIALIST PEER MENTORING PROGRAM

# Mentee Intake Form

Information provided on this form will be kept confidential. Mentees have very valuable knowledge about what works and doesn't work for them. By providing detailed information mentees will help their mentor understand their individual profile and specific needs more quickly. Not all sections of this form will be relevant to all mentees, please fill out all relevant areas to your situation.

***\*It is highly recommended that mentees gain the assistance of a support person / parent when filling out this form because they can often provide additional information that will be useful to their mentor.***

### 1. General Information:

Today's date (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Your full name: \_\_\_\_\_

Your preferred name: \_\_\_\_\_

Your age: \_\_\_\_\_

Your birth date (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Your home address: \_\_\_\_\_

Your phone number/s: Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Your preferred contact method:  Home Phone  Mobile  Email

Your student number: \_\_\_\_\_

Parent / support person contact information:

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

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

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

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## Mentee Intake Form

### 2. Prior Educational Background

What year did you finish your high school education and what level did you complete?

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Have you attended TAFE or any other tertiary education institutions? (Tick one)

No     Yes

If yes, what degrees, diplomas or certificates did you attempt and what were your results?

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### 3. Current University Information:

Program enrolled in:

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Current Major:

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Year:     First     Second     Third     Fourth     Fifth     Sixth     other\_\_\_\_\_

Academic standing at the moment:                       Good                       Conditional

### 4. Housing Information:

Where do you live?

On campus

With parents at home

With other family member/s

Off campus: Please type 'Share' or 'Alone' \_\_\_\_\_

Other (provide details) \_\_\_\_\_

Please tell us about any difficulties you may be experiencing with your living arrangements.

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## 5. Student Activities:

Are you a member of any groups on campus?

No (Why not? Give details)

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Yes (Give details)

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## 6. Transportation:

Are there any difficulties with transportation to and from University?

No

Yes (Give details)

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## 7. Health Information

Please indicate your disability/diagnosis/condition/s

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When were you first diagnosed with this condition/s?

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Please describe how your condition/s affects you in relation to the following areas and if known, what helps you to overcome these difficulties. (Fill in areas relevant to you only)

Communication (Difficulties and what helps):

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Social Relatedness (Difficulties and what helps):

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Rigidity/Obsessiveness/Resistance to Change (Difficulties and what helps):

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Sensory Function (Difficulties and what helps):

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Learning and Memory (Difficulties and what helps):

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Attention and Organisation (Difficulties and what helps):

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Behaviour (Difficulties and what helps):

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Emotions (Difficulties and what helps):

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Self-Care (Difficulties and what helps):

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Have you been treated for a psychological disorder such as anxiety or depression?

- No
- Yes (Give details about difficulties and treatments)

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How would someone know that you are becoming anxious, stressed, depressed or annoyed?

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What should others do to help you when you are highly stressed?

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What are the methods that you use to calm yourself when you are highly stressed?

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## 11. Personal Strengths and Goals:

My areas of special interest are:

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My best skills are:

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My short term goals are:

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My long term goals are:

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## 12. Work and Work Experience:

Have you been able to gain any work or work experience?

No. Is this something you would like help with? (Give details)

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Yes. Where and when? (Give details)

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**Thank you for completing this form. Please provide copies of any documentation about yourself that could be helpful to your mentor and the Program Coordinator.**

Return your completed form via email (please send from your UON email account) or drop it in to AccessAbility. If you experience any difficulties please do not hesitate to contact the Program Coordinator for some assistance.

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# SPECIALIST PEER MENTORING PROGRAM

## Mentee Safety Plan

Mentee name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Emergency contact

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

Relationship: \_\_\_\_\_

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

### Other people I can call

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

Relationship: \_\_\_\_\_

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

### Professionals or Agencies I can contact

- **General Practitioner (GP)** Ph: \_\_\_\_\_
- **Psychologist** Ph: \_\_\_\_\_
- **Lifeline** 24/7 telephone support 13 11 14
- **Suicide Call Back Service** 24/7 telephone and online support 1300 659 467
- **Mental Health Access Line** 24/7 assessment, support and referral if required 1800 011 511

If you are at immediate risk of harm to yourself or others, contact **Emergency services on 000**.

I understand the above Mentee Safety Plan and agree to follow it to help me keep safe.

Mentee Signature: \_\_\_\_\_ Coordinator Signature: \_\_\_\_\_

(Type your name and student number, or print and sign here)

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