**RECOGNITION AS A MENTOR**

*Use this form to request recognition as a mentor for  
SAS Accredited Provisional and Clinical Sexuality Educator Members.*

Thank you for your willingness to provide mentorship for one of our members. We would like to acknowledge the contribution you are making to SAS and to the profession.

SAS accepts mentors from a broad range of disciplines. Mentors need not be members of SAS. However, mentors must have a sound background in the planning and delivery of sexuality education and should have recent experience working in that area.

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| **Member’s Name:** |  |
| **Membership Number:** |  |

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| --- | --- |
| **Mentor’s Name:** |  |
| **Telephone Number:** |  |
| **Email:** |  |

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| **SAS Membership number (if applicable)** |  |
| **Are you an approved mentor with a professional organisation?**  **(Please specify the organisation)** |  |
| **If not, please provide details of your suitability to provide mentorship to our member(s) (e.g., experience/training in mentorship)** |  |

**Qualifications:**

(Please include a description of your education and training, including sexology-related training/education)

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| [This box will expand as you type in it.] |

**Professional Experience:**

(Please include professional experience in sexuality education.)

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| [This box will expand as you type in it.] |

*NOTE: Approval as a mentor for SAS does not imply the mentor is accredited in any way by SAS OR that the mentor is recognised by any other professional body.*