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**KENYA MEDICAL RESEARCH INSTITUTE**

**MENTORSHIP COMMITMENT FORM**

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| **INTERNAL RESEARCH GRANTS** | |
| 1. **MENTOR INFORMATION** | |
| **Name:** |  |
| **Designation:** |  |
| **Centre:/Dept:** |  |
| **E-Mail:** |  |
| **Cell:** |  |
| 1. **MENTEE INFORMATION** | |
| **Name:** |  |
| **Designation:** |  |
| **Centre:/Dept:** |  |
| **E-Mail:** |  |
| **Cell:** |  |
|  | |
| **3.Commitment Statement:**  **This agreement outlines the goals and expectations agreed upon by the mentor and the mentee.**  **That I (Mentor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Agrees to mentor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as he/she implements the awarded project all through the project cycle and towards achieving the project goals.**  **4.Specific Roles**  **a) Provide the necessary guidance, oversight and encouragement to the mentee**  **b) Ensure the mentee achieves the objective of the project and adhere to the workplan and timeline.**  **c) Assist the mentee to obtain the necessary skills and technical support**  **d) Ensure that the project is implemented within the agreed timelines**  **e) Ensure that the duly quarterly reports are submitted to the IRG secretariat on time.**  **f) See to it that the research conducted is of high quality**  **Name of Mentor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mentor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name of Mentee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mentor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    *N/B (That a mentor should be someone with the same expertise, senior scientist* *and willing to guide*). | |

**END**