

**KENYA MEDICAL RESEARCH INSTITUTE**

**MENTORSHIP COMMITMENT FORM**

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| **INTERNAL RESEARCH GRANTS**  |
| 1. **MENTOR INFORMATION**
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| **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**