



Australian Institute of Architects



Student Organised Network for Architecture

QLD Chapter Student Mentor Program

2018 Mentor Expression of Interest Form:

Name:	
Member No: <i>(If known)</i>	
Practice Name:	
Preferred Email:	
Mobile:	
Suburb of Practice:	
Additional mentor name <i>(please complete if sharing mentor responsibilities with someone from your practice)</i>	Name: Email Address:
Are you able to mentor a group of (maximum 3) students at your practice or another suitable location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to commit to a minimum of one hour per month meetings with your mentees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate firm type/focus areas <i>(please select more than one if applicable)</i>	<input type="checkbox"/> Residential <input type="checkbox"/> Heritage <input type="checkbox"/> Public Works <input type="checkbox"/> Commercial <input type="checkbox"/> Sustainability <input type="checkbox"/> Other (Please specify) <input type="checkbox"/> large practice <input type="checkbox"/> Health <input type="checkbox"/> Small Practice <input type="checkbox"/> Education
Please add any additional comments that may assist in pairing you with suitable mentees	

Signature: _____

Date: _____