

## 2019 MENTORING SCHEME MENTEE APPLICATION FORM

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

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

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

**Membership Number:** \_\_\_\_\_

**City/Location:** \_\_\_\_\_

**Membership Type:** \_\_\_\_\_

**Education:** \_\_\_\_\_

**Registration Number:** \_\_\_\_\_

**Practice/Company:** \_\_\_\_\_

**Job Description:** \_\_\_\_\_

1. What is your professional status since graduation?

- ☐ 0 – 5 years since graduation  
☐ 6 – 12 years since graduation

2. What is your gender?

- ☐ Female  
☐ Male

3. What is your employment status?

- ☐ Employee  
☐ Employer  
☐ Sole trader  
☐ Non-working  
☐ Returning from a career break  
☐ Currently seeking employment  
☐ Starting a practice

4. Please order what skills and experiences you are seeking from a mentor.

- ☐ Career progression  
☐ Develop career plan

- ☐ Making professional contacts
- ☐ Build confidence
- ☐ Identify employment opportunities
- ☐ Improve technical knowledge
- ☐ Develop leadership and teamwork skills
- ☐ Management skills
- ☐ Time management
- ☐ Business planning
- ☐ Work/life balance
- ☐ Starting your own business
- ☐ Explore new learning possibilities
- ☐ Satisfaction from helping others
- ☐ Improve diversity
- ☐ Registration

**COMMENTS**

e.g. practice type and scale of interest, other skills you are seeking

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Signed:

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Date:

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Please include your current CV with the application form.