

2019 MENTORING SCHEME MENTOR 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?

- ☐ 6 – 12 years since graduation
- ☐ 13 – 25 years since graduation
- ☐ 25+ years since graduation

2. What is your gender?

- ☐ Female
- ☐ Male

3. What is your employment status?

- ☐ Employee
- ☐ Employer
- ☐ Sole trader

4. Please order what skills and experiences you can offer as 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 can offer

Signed: _____

Date: _____

Please include your current CV with the application form.