



EIANZ WA Division Mentoring Program Mentee application form

Name		
Position title		
Organisation		
Email address		
Telephone	Work:	Mobile:
What would you like to achieve by participating in the mentoring program? Consider in terms of your current role and career development. E.g. networking opportunities, career guidance/ goal setting, decision making, communication, understanding the public/ private sector or stakeholders etc.		
Please describe any previous involvement in formal or informal mentoring relationships (if applicable):		
Please provide a short overview of your qualifications, work history, skills and experience:		
Please provide a short overview of the learning and development activities (professional and/or extra-curricular) you have undertaken in the last 12 months:		
Please write a few sentences about your non-professional interests such as family life, hobbies, cultural etc:		
What do you consider your personal strengths to be?		



Overall, please list 3 things you will bring as a mentee to the Mentoring Program:	
1.	
2.	
3.	
Please indicate if you prefer a mentor from the following categories*	
<input type="checkbox"/> Culturally diverse (please specify): _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Experience: <input type="checkbox"/> Manager <input type="checkbox"/> Non-manager <input type="checkbox"/> Executive/Board member <input type="checkbox"/> Other (please specify): _____ *Whilst every effort will be made to match mentees based on their preferences, this cannot be guaranteed OR: <input type="checkbox"/> I am happy to be matched with any suitable mentor	
Other relevant information:	
MENTEE'S AGREEMENT	
By expressing interest in the Mentoring Program, I agree/ acknowledge: <ul style="list-style-type: none"> • The information contained on this form will be used for matching purposes • Every effort will be made to match me with a suitable mentor based on my skills, objectives and preferences however, matching and placement on the program cannot be guaranteed • Abide by the Mentoring Guidelines and maintain confidentiality with my mentor and other program participants • Drive the relationship including scheduling meetings with my mentor as negotiated • Maintain open and honest communication with my mentor • Maintain contact with the mentoring program coordinator • Attend any events associated with the program • Participate in an evaluation of the program 	
Signature:	Date:

Thank you for expressing an interest in becoming a mentee in the EIANZ WA Division Mentoring Program.

Mentors and mentees will be matched based on the information provided in this expression of interest and after a speed dating matching event. Placement on the program cannot be guaranteed. The mentoring program coordinator may contact you to discuss your expression of interest or request further information to assist in the matching process.