

CINZ MENTORSHIP PROGRAMME 2017

MENTOR APPLICATION FORM

Note: In order to participate in the Mentorship Programme you must be a CINZ member.

SECTION 1: PERSONAL DETAILS

Family name: _____ First name: _____

Mobile phone: _____

Email: _____

You must be over 35 years

Sex: Male / Female

SECTION 2: EDUCATION DETAILS

Graduation date: _____

Other: _____

Qualifications: _____

SECTION 3: EMPLOYMENT DETAILS

Current employer: _____

Position: _____

Employer's address: _____

Years in the Role _____

Previous work experience:

Employer:	Position held:	Dates of work:

SECTION 4: ADDITIONAL INFORMATION

What are your professional interests? _____

What are your personal interests? _____

SECTION 5: MENTORING DETAILS

What are your objectives for participating in the CINZ Mentorship Programme?

What qualities can you offer as a Mentor? _____

Please provide details of any previous Mentoring Experience:

SECTION 6: PROGRAMME REQUIREMENTS

Are you willing to participate in distance mentoring?

Yes / No

(E.g. where you cannot easily meet face-to-face with your mentee on a regular basis).

Be able to attend the Mentor Training session in Auckland on 04 April 2017

By submitting this form you are committing to become part of the CINZ Mentorship Programme and are consenting for CINZ to match you with a suitable mentee. This is dependent on your selection by the CINZ Mentoring Committee as an appropriate mentor for the programme.

Please return this form via email to: CINZ Sue Sullivan- Chief Executive

Email: sue@nzconventions.co.nz