

CINZ MENTORSHIP PROGRAMME 2018

MENTEE APPLICATION FORM

SECTION 1: PERSONAL DETAILS

Family name: _____ First name: _____

Mobile phone: _____

Email: _____

Date of birth: ____/____/____ (DD/MM/YYYY)

SECTION 2: EDUCATION DETAILS

Tertiary Qualification: _____

Other: _____

SECTION 3: EMPLOYMENT DETAILS

Employer: _____

Employer's address: _____

Managers Name and Title : _____

Managers Email : _____

Previous work experience:

Employer:	Position held:	Dates of work:

SECTION 4: ADDITIONAL INFORMATION

What are your career interests? _____

What are your personal interests? _____

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

What qualities are you looking for in a Mentor? _____

SECTION 6: PROGRAMME REQUIREMENTS

Be able to participate in distance mentoring

The company or you must be a fully paid member of CINZ

COMPULSORY Attendance at the MENTORING Training Session Auckland

\$100 Administration Fee paid prior to commencement of the programme

Your manager must support your application for the CINZ Mentorship programme

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 mentor. This is dependent on your selection by the CINZ as an appropriate mentee for the programme.

Signed: Mentee _____

Signed: Mentees Manager _____

Return this signed form to: Sue Sullivan – E: sue@nzconventions.co.nz