

# CINZ MENTORSHIP PROGRAMME 2019

## 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: CURRENT EMPLOYMENT DETAILS

Job Title: \_\_\_\_\_

Years in Current Role: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

\_\_\_\_\_

Managers Name : \_\_\_\_\_

Managers 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?

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\_\_\_\_\_

What qualities are you looking for in a Mentor? \_\_\_\_\_

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### SECTION 6: PROGRAMME REQUIREMENTS

Your company must be a fully paid member of CINZ

First Training session in Auckland on Wednesday 10 April 09.00 – 14.00

### COMPULSORY ATTENDANCE

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

Your manager must support your application for the CINZ Mentorship programme

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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 \_\_\_\_\_

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Return this signed form to: Sue Sullivan – E: [sue@nzconventions.co.nz](mailto:sue@nzconventions.co.nz)