

CINZ MENTORSHIP PROGRAMME 2019

MENTOR APPLICATION FORM

SECTION 1: PERSONAL DETAILS

Family name: _____ First name: _____

Mobile phone: _____

Email: _____

SECTION 2: EDUCATION DETAILS

Graduation date: _____

Other: _____

Qualifications: _____

SECTION 3: EMPLOYMENT DETAILS

Current employer: _____

Position: _____

Years in the role: _____

Previous work experience:

Employer:	Position held:	Dates of work:

SECTION 5: MENTORING DETAILS

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

Please provide details of any previous Mentoring Experience:

SECTION 6: PROGRAMME REQUIREMENTS

Are you willing to participate in distance mentoring? Yes / No

COMPULSORY Attendance at the Mentor Training session in Auckland on Wednesday 10th April (unless previously attended a CINZ Mentor Training Session)

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