

CINZ MENTORSHIP PROGRAMME 2020

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/CINZ Membership Name: _____

CINZ Membership Level: _____

Employer's postal address: _____

Manager's Name : _____

Manager's Title : _____

Manager's 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

- Your company must be a fully paid Member of CINZ
- First Training session in Auckland on Thursday 11th June 2020 from 08.30 – 14.00
COMPULSORY ATTENDANCE
- \$100 plus GST 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 Mentoring Committee as an appropriate mentee for the programme.

Signed: Mentee _____

Signed: Mentee's Manager _____

Return this signed form to Lauren Newbery – lauren@nzconventions.co.nz