

**MENTEE**

**APPLICATION**

**FORM**

**2020 Program Checklist**

|  |  |
| --- | --- |
| I understand that applying to the Mentoring Program does not necessarily guarantee participation |  |
| I am able to commit to a minimum of 8 meetings during the timeframe of the Mentoring Program |  |
| I understand that I may have to travel from time to time to my mentors workplace to attend meetings |  |
| I understand that my mentor has volunteered for the program and that the relationship is learning-based. |  |
| I understand that I must take ownership for arranging meetings, times and locations and that I must be prepared with a meeting agenda for all meetings. |  |

**Mentee Details**

|  |  |
| --- | --- |
| First Name | Click here to enter text. |
| Last Name | Click here to enter text. |
| Title | Click here to enter text. |
| Gender | Click here to enter text. |
| Email | Click here to enter text. |
| Mobile Number | Click here to enter text. |
| Telephone Number | Click here to enter text. |
| Date of Birth | Click here to enter text. |
| Company Name | Click here to enter text. |
| Employer’s Name | Click here to enter text. |
| Position Held | Click here to enter text. |
| Qualifications Held | Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text. |
| Any other relevant information | Click here to enter text. |

**Mentee Questions**

|  |  |
| --- | --- |
| 1 | Have you been involved in a mentoring program before as a Mentee or Mentor?  If YES please indicate when.  Click here to enter text. |
| 2. | Please tell us why you wish to be in this program? What are your goals for 2019  Click here to enter text. |
| 3. | Do you have any characteristic preference to who you are matched with in this program? Age, gender, experience etc?  Click here to enter text. |
| 4. | What do you hope to gain by participating in the Mentorship Program? Click here to enter text. |

|  |  |
| --- | --- |
| 5. | Do you have anyone in mind that you would like as a mentor? They may be local or aspirational, please share so we understand the type of person you would like as your mentor.  Click here to enter text. |
| 6. | Tell us about any special interests or hobbies you have that will help us match you with your mentor.  Click here to enter text. |
| 7. | Are you prepared to travel if required to meet your mentor? If so, how far are you prepared to travel?  Click here to enter text. |
| 8. | Would you prefer to work with your mentor  Face to Face  Phone  Sykpe |
| 9. | What particular competencies, areas of knowledge, attitudes or skills are you looking to improve as a mentee? For example  Career Planning  Sales  Leadership  Marketing  Strategy  Business Planning  Entrepreneurism  Investing  IT  Human Resources  Work/Life Balance  Workplace Challenges  Financials  Logistics  Communication  Public speaking  Increase Networks |
| 10. | If there are any other skills you would like to improve upon please enter more information here.  Click here to enter text. |

Participation in the program is subject to successful application and availability of suitable mentor.

**Applications close 5pm Friday 13th December 2019**

All applicants notified by early March 2020

Cost for successful applicants: $185+b/f

Return completed application forms to:

Sally Forrester  
Coordinator  
Marrar Woorn Neighbourhood House  
6 Pengilley Ave, Apollo Bay  
Ph 5237 8590  
[coordinator@mwnh.org](mailto:coordinator@mwnh.org)

www.mwnh.org

