

/2015 MENTORING PROGRAM

MENTOR APPLICATION FORM

NAME _____

EMAIL _____

PHONE _____

CITY/LOCATION _____

MEMBERSHIP NUMBER _____

MEMBERSHIP TYPE _____

EDUCATION _____

REGISTRATION NUMBER _____

PRACTICE/COMPANY _____

JOB DESCRIPTION _____

1. WHAT IS YOUR PROFESSIONAL STATUS (YEARS SINCE GRADUATION)?

- Student
- 0-5 years since graduation
- 6-12 years since graduation
- 13-25 years since graduation
- 25+ years since graduation

2. WHAT IS YOUR GENDER?

- Female
- Male

3. WHAT IS YOUR EMPLOYMENT STATUS?

- Employee
- Employer
- Sole trader
- Non-working
- Returning from a career break
- Currently seeking employment
- Starting a practice
- Academic
- Retired

4. PLEASE ORDER WHAT SKILLS AND EXPERIENCES YOU CAN OFFER AS A MENTOR:

> please select the 5 most important with 1 being the most important to you

- | | |
|--|------------------------------------|
| Career progression | Time Management |
| Develop career plan | Business planning |
| Making professional contacts | Work/Life Balance |
| Build confidence | Starting your own business |
| Identify employment opportunities | Explore new learning possibilities |
| Improve technical knowledge | Satisfaction from helping others |
| Develop leadership and teamwork skills | Improve diversity |
| Management skills | Registration |

COMMENTS

> e.g. type and scale of your experience, career level you would like to mentor, other skills you can offer

Please include your current CV with the application form.

Signed _____

Date _____

> Please email your completed form and CV to monica.love@architecture.com.au, or click the link below to submit.

CLICK TO SUBMIT
