|  |  |
| --- | --- |
| **Name**  |  |
| **Email** |  |
| **Telephone** |  |
| **Job Title** |  |
| **Organisation**  |  |
| **Ind or Org Member** |  |
| **AfMA Member Name** |  |

**Why you would like to be considered as a Mentee:**

**Please indicate the goals and learning outcomes you have for the Program:**

**To assist matching, please identify the key areas you wish to focus on with your mentor:**

***Complete this form by Feb 28th and return with your CV or to******deb.bacon@afma.org.au****.*

* *This is a formal relationship over a 10-month period (March to Nov) with a minimum of 6 mentoring sessions and three formal one-hour group sessions during the program.*
* *You will also need to schedule reflective and planning time to get the most out of this program.*
* *It is the Mentee’s responsibility to organize either in person, phone, or virtual meetings.*
* *By applying you are agreeing to meet all requirements of the Program.*
* *All information provided is confidential and used only to match mentors and mentees.*

***YOU OR YOUR ORGANISATION MUST BE A CURRENT MEMBER OF AfMA TO PARTICIPATE.***