|  |  |
| --- | --- |
| Name |  |
| Email |  |
| Telephone |  |
| Job Title |  |
| Organisation |  |
| Have you been an Afma Mentor before? | *YES / NO If YES, Following information is not required* |

Please give a brief overview of your current job, main responsibilities, and industry experience to date:

Why do you want to be a mentor and indicate your experience mentoring/developing others:

Please indicate the skills and characteristics that will bring value to your mentee and the program:

* ***Complete this form by Feb 28th and return with your CV or to***[***deb.bacon@afma.org.au***](mailto: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 group sessions during the program.*
* *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.*