



Tamworth Business Chamber

MENTORING PROGRAM MENTOR APPLICATION FORM

Title	
First Name	
Last Name	
Email Address	
Confirm Email Address	
Work Location	
Contact Phone	
Are you currently in work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Position / Job Title	
Organisation / Business Name	
Select the title which best aligns to your current role:	
<input type="checkbox"/> Principal/Owner	
<input type="checkbox"/> CEO	
<input type="checkbox"/> Executive/Director	
<input type="checkbox"/> Consultant	
<input type="checkbox"/> Self-Employed	
<input type="checkbox"/> Senior Manager	
<input type="checkbox"/> Manager	
<input type="checkbox"/> Front line staff	
Organisation / Business Size (FTE):	
<input type="checkbox"/> 5 or less	
<input type="checkbox"/> 6-10	
<input type="checkbox"/> 11-20	
<input type="checkbox"/> 20+	
In which sector does your organisation operate:	
<input type="checkbox"/> Private	
<input type="checkbox"/> Public	
<input type="checkbox"/> Not for Profit	
In which sector do you have previous experience:	

- Private
- Public
- Not for Profit

Which industry is your organisation part of (e.g., Accommodation, Food & Beverage; Manufacturing; Tourism)

Highest qualification achieved (or currently studying) Please check the relevant box.

- No formal qualifications
- Certificate
- Bachelor Degree
- Post Graduate
- Other (please specify)

Please identify the discipline of highest qualification: (e.g. Trade Certificate; Business Degree)

What is the main reason for wanting to participate in this Mentoring Program

Additional information or special Requirements.
Please include any information you think will be relevant to your application, e.g., must have a mentee from the same industry (max 200 words)

Are you happy to be matched with someone of the opposite gender?

Yes No

Which type of Mentee are you happy to Mentor:

- Professional
- 1 year or more experience
- Graduate
- Student

How did you hear about the TBC Mentoring Program

- TBC Event
- TBC ENews

- Friend or Colleague
- Media/Advertising
- Other (Please specify):

In submitting this form, I give my permission for TBC to forward my details to the Mentee I will be matched with for the purposes of this program.

Yes No

Signature: _____

Name: _____

Date: _____

Please save your completed form and scan or attach to:

reception@tamworth.org.au

by 19 January 2018.

Please don't hesitate to contact the Program Coordinator, Mary Ryan-Garnett on:

02 6766 4810