

MENTEE’S APPLICATION FORM

Name:

Position:

Years in Current Position:

Career History: Please either fill out table below or attach your resume

Interests and Hobbies:

Short-term Career Goal:

Long-term Career Goal:

Start Year/ End Year	Company	Position	Brief Description of Responsibilities

1. What do you hope to achieve out of this mentoring arrangement?

2. What specific profile/characteristics/qualities would you like in your mentor?

3. Would you be open to undergoing a mentoring arrangement with another mentor if a mentor with the profile/characteristics/qualities is currently not available?

4. Any comments/concerns that will help us in the mentor matching process.

By signing this application form, you agree that the SCCA, the Peers Sub-Committee and its representatives and service providers may collect, use and disclose your personal data, as provided in this application form and as may be collected during the course of the mentorship programme for the following purposes in accordance with the Personal Data Protection Act 2012:

- (a) the processing of this application to the mentorship programme; and
- (b) the conduct and administration of the mentorship programme with the SCCA.

Signed by:

Name:

Date: