

# BERWIN MENTORING PROGRAM MENTOR APPLICATION FORM

Full Name \_\_\_\_\_  
Organisation/Company \_\_\_\_\_  
Job Title/Role \_\_\_\_\_  
Postal address \_\_\_\_\_  
Contact Phone # \_\_\_\_\_  
Email \_\_\_\_\_  
Best time to contact you \_\_\_\_\_  
Work Location \_\_\_\_\_

Gender                                      Female                                      Male

Age Range                                      <20 years  
  
    20 – 25 years  
  
    26 – 30 years  
  
    31 – 40 years  
  
    41 – 50 years  
  
    51 – 60 years  
  
    60+ years



## PROGRAM CHECKLIST

I understand that registering for the Berwin Mentoring Program does not necessarily guarantee participation in the mentoring program if Berwin cannot make a suitable Mentee match. Whilst Berwin will endeavour to match me with suitable Mentees for the duration of the program, it cannot guarantee me Mentees.

I am generally able to attend monthly face to face meetings during the program duration unless otherwise agreed with my Mentees (not compulsory).

I understand that the Mentee has volunteered for the program and the relationship is learning/growth based.

## WHO DO YOU WANT TO MENTOR?

### Industry Sector

Accommodation, Cafes, Restaurants

Administrative & Support Services

Agriculture, Forestry & Fishing

Arts & Recreation Services

Construction

Education & Training

Electricity, Gas & Water Supply

Finance & Insurance Services

Transport, Postal & Warehousing

Professional, Scientific & Technical Services

Health Care & Social Assistance

Information, Media & Telecommunications

Manufacturing

Mining

Wholesale Trade

Public Administration & Safety

Rental, Hiring & Real Estate Services

Retail Trade

Other

**Primary Areas of Mentoring**

Business Development

Business Exit

Business Review

Business Set Up

Compliance

Contract Management

Customer Service

E-Commerce

Entrepreneurship

Freight

Funding Applications

Information, Communication & Technology

Industrial Relations

Information Management

Import - Export

Insurance

Financial Management

Other

**WHAT IS YOUR PREFERRED METHOD OF REGULAR CONTACT WITH THE MENTEES/BERWIN?**

Phone

Skype

E-Mail

In Person

Contact Glen 0417 785 661 or Andrew 0408 721 122

E. [admin@berwin.org.au](mailto:admin@berwin.org.au)

A. PO Box 3380, Hervey Bay QLD 4655

[www.berwin.org.au](http://www.berwin.org.au)



HAVE YOU PARTICIPATED IN MENTORING BEFORE?

Yes

No

IF YES, PLEASE PROVIDE BRIEF DETAILS:

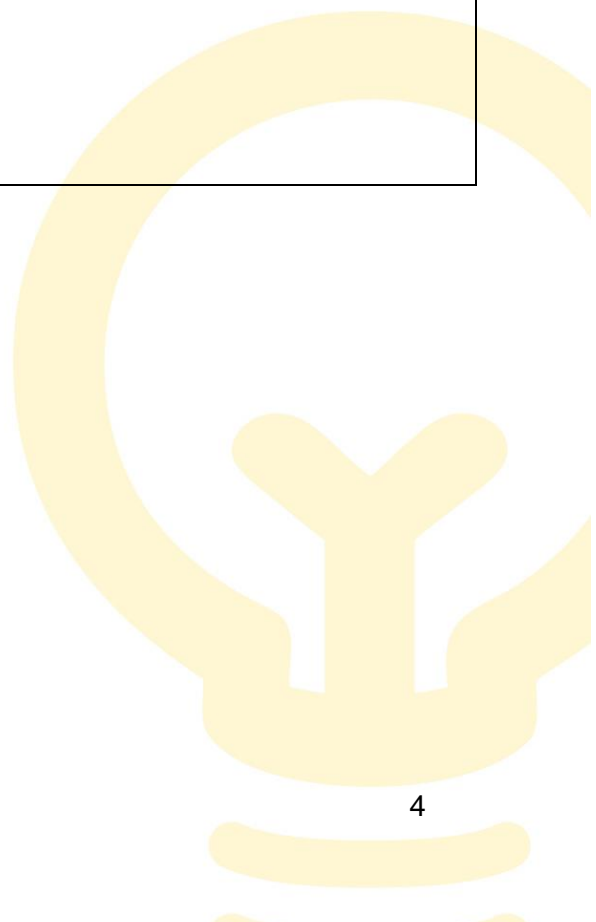
WHAT STRENGTHS DO YOU BRING TO YOUR ROLE AS A MENTOR?

Contact Glen 0417 785 661 or Andrew 0408 721 122

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WHAT SPECIFICALLY ARE YOU HOPING TO GAIN FROM THE BERWIN MENTORING PROGRAM (KNOWLEDGE, SKILLS, BEHAVIOURS, BENEFITS, EXPERIENCE)? THE MORE YOU CAN ARTICULATE YOUR NEEDS & OBJECTIVES; THE BETTER BERWIN IS ABLE TO MATCH YOU WITH MENTEES:

DESCRIBE THE TYPE OF PERSON/BUSINESS YOU WOULD LIKE TO MENTOR E.G. AREA OF WORK, YEARS OF EXPERIENCE, TYPE OF ORGANISATION, GROWTH OR START UP BUSINESS:

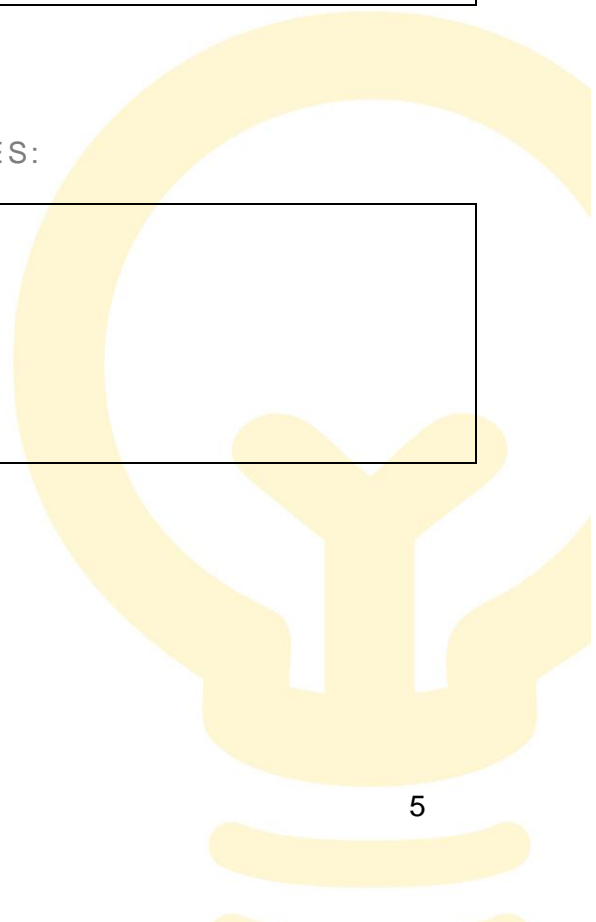
EDUCATION (DEGREES, DIPLOMAS, CERTIFICATES:

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BUSINESS QUALIFICATIONS AND TRAINING:

PROFESSIONAL ASSOCIATIONS & AFFILIATIONS YOU HAVE CURRENT MEMBERSHIPS WITH:

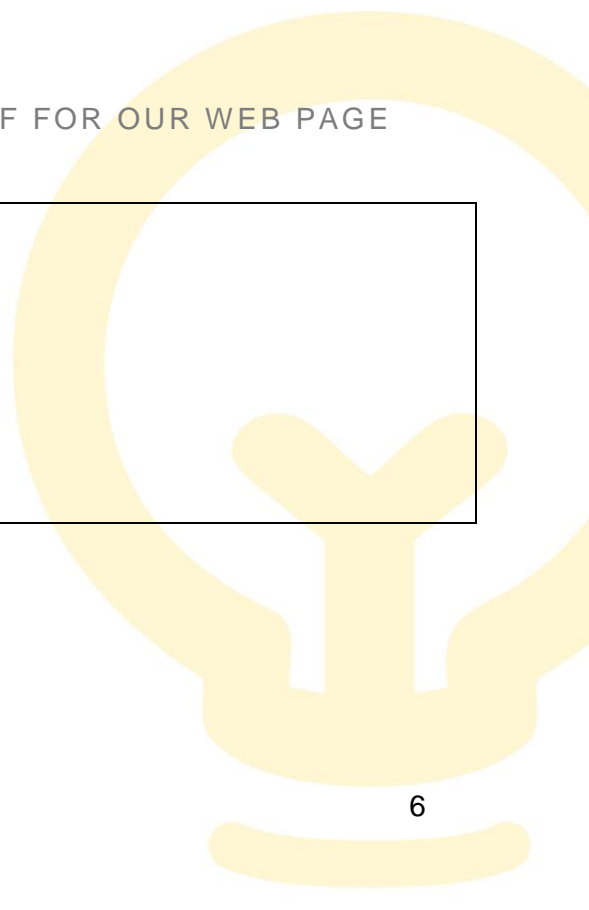
PLEASE PROVIDE A SUMMARY (CV) OF YOURSELF FOR OUR WEB PAGE (100-150 WORDS):

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DESCRIBE ANY ADDITIONAL EXPERIENCE THAT COULD BE OF INTEREST TO MENTEES E.G. HOBBIES, VOLUNTEER POSITIONS, CLUB MEMBERS ETC.:

WHAT ARE THE KEY THINGS YOU BELIEVE CAN BE DONE TO STIMULATE BUSINESS & DEVELOP ENTREPRENEURSHIP WITHIN OUR REGION?:

**PLEASE ATTACH YOUR RESUME (OPTIONAL)**

Any and all information submitted will be treated as confidential and will not be used other than to determine a strong match between Mentor and Mentees.

**PLEASE ATTACH PHOTO**

Professional head/shoulders photo for our web page so we can list and profile our mentees.

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