



# Expression of Interest Questionnaire

Please complete and fax this form to 9347 2900  
Or forward any queries to [wpn@planning.org.au](mailto:wpn@planning.org.au) or 9347 1900 (phone)

1. Your Name .....
2. Where you work  
.....
3. Your contact address .....
4. Your phone / fax numbers  
Work .....
- Home .....
- Mobile .....
- Fax .....
- Email address .....
5. I am interested in being:  
a) a mentor or b) a mentee or c) part of a peer mentor pair
6. My current position is .....
- It entails (please give a brief description of your work)  
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**Mentors, please also answer Q 9 below:**

7. I feel that I have special skills and expertise in:

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8. Most of my work experience has been in (please specify e.g. local government, private practice etc):

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9. In being part of the mentor program I feel I could contribute:

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**Mentees, please answer Q 10 below:**

10. In being part of the Mentor Program, I would like to learn:

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11. Commitment to the mentor program

It is important for you to both understand what the program involves and be willing to undertake this. Therefore, please read the following description of commitment and sign only if you accept it. We ask that your manager / principal reads and signs this as well, so they are also aware of the commitment that you are making.

**MY COMMITMENT TO THE PROGRAM**

*I understand that participation in the mentoring program will mean that I need to commit to the following:*

- *attending all scheduled program activities. These include: the two day training program to be held on September 5th and 6<sup>th</sup> 2008 , the review meetings to be held in November 2008 and March 2009 and a program evaluation meeting to be held in April 2009*
- *meeting with my partner for approximately 1 hour per fortnight over the duration of the program*
- *undertaking any agreed activities in between meetings.*

**Mentor / Mentee Signature:**

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**Name (please print):**

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**Date:**

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**Mentee's Manager or Principal's Signature:**

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**Name (please print:)**

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**Date:**

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