

## MENTEE APPLICATION FORM

Application forms are available on the ICAZ website. Please email your application to [prmarketing@icaz.co.zw](mailto:prmarketing@icaz.co.zw) or hard copies can be requested from the ICAZ secretariat.

Providing the following is for the sole purpose of matching each Mentee with a suitable Mentor.

### PERSONAL

Full Name:

#### Contact Details:

Job Title:

Address:

Tel No:

Email:

### CAREER / EMPLOYMENT HISTORY

*Please include CV (max 1 page) if you wish*

Are you an Entrepreneur / Professional

### ACTIVITIES AND INTERESTS

Any work-related extra activities and interests

### CAREER CHOICE

State if there is anything you would particularly like to achieve in your professional/personal life that you feel a Mentor could support you with.

### WHAT HELP WOULD YOU LIKE TO RECEIVE FROM A MENTOR?

Mention if you have any strong preferences about what you are looking for from a Mentor:

## REASONS FOR APPLYING TO THE MENTORING SCHEME

Want support with coping with additional responsibilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Want to make a difference – Board placements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Feeling isolated at work	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Want to increase networking opportunities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Work-Life Balance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Equality related concerns	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Research Support	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## OPTIONAL

Age

Marital/partner status:  
Ages of children (if any):  
*(Sometimes Mentees ask for a Mentor with a family so that related issues can be discussed)*

Anything else you want us to know in order for us to provide you with a better match

Date