**Personal Details**

Full Name:

Address:

Email:

Preferred contact number:

Are you a Water New Zealand Member: Choose an item.

Please select your preferred contact method with your mentor: Choose an item.

Are you currently working in the water sector: Choose an item.

**Future Focused**

Thinking about the next 2 – 5 years, what are your career goals

**Focus Areas with Mentor**

What are the two key focus areas for you?

1.

2.

**Skills**

List the skills of the mentor you would like to be matched with

List the organisations you do not want to be matched with

What is your current position:

What is your highest qualification:

Any other relevant information you would like to add:

Signature:

Date:

Would you be willing to complete a short evaluation post mentoring programme: Choose an item.

If you have any questions, please email me at training@waternz.org.nz