



## ANZSBT Member Mentorship program Application form 2025

Completing this form will begin your ANZSBT mentor / mentee journey.

\* Required

### DEMOGRAPHIC INFORMATION

1. Full Name \*

2. Country of Residence \*

3. Email Address \*

4. Telephone Number \*

5. Spoken Language(s) \*

6. Written Language(s) \*

## PROFESSIONAL INFORMATION

7. What is your profession?

8. Provide the name of your organisation (including city and country) \*

9. What is your specific job title? \*

10. How long have you been in this field? \*

- ☐ < 1 year
- ☐ 1 - 5 years
- ☐ 5 - 10 years
- ☐ 10 - 20 years
- ☐ > 20 years

11. Please upload a copy of your Curriculum Vitae (CV) \*

 Upload file

File number limit: 1 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

12. Are you Studying? \*

- ☐ Yes
- ☐ No

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13. If you are a student, please provide the following information: 1. Name of Institution2. City and Country of Institution \*

14. What is the highest level of education that you are **currently** completing? \*

- ☐ Certificate / diploma program (community college, technical college etc)
- ☐ Undergraduate Degree (Bachelors degree)
- ☐ Graduate Degree (Master's, Doctoral etc)
- ☐ Other

15. What is the name of the program you are currently studying? \*

## MENTORSHIP PROGRAM INFORMATION

16. Are you applying to be a **Mentor** or **Mentee**? \*

- ☐ Mentor
- ☐ Mentee
- ☐ Both Mentor and Mentee

17. Please provide a short biography (Maximum 150 words) \*

18. Please list your top 4 (four) professional areas of interest \*

19. Please list your top 4 (four) career / professional goals \*

20. Please share what you hope to gain from this mentorship program \*

21. Have you ever previously participated in a mentorship program? \*

- ☐ Yes
- ☐ No

22. If you answered yes, what was your experience with the mentorship program? \*

## AVAILABILITY

Providing this information allows us to better match mentors and mentees

23. Please provide your usual availability (please provide all days that suit) \*

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

24. Please provide your preferred mode of communication with mentor / mentee (please select all that suit) \*

- ☐ Email
- ☐ Telephone
- ☐ Virtual (MS Teams, Zoom)

## THANK YOU

Thank you for completing this application to become an ANZSBT Mentor / Mentee. Your application will be reviewed and we will be in touch soon regarding the next step.

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