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Photograph

**INSTITUTE OF DIRECTORS ZIMBABWE**

82 Mutare Rd, Msasa, Harare

**MENTORSHIP APPLICATION FORM**

**SECTION A: PERSONAL DETAILS**

**Title: Mr. Mrs. Miss. Ms. Dr. Other:**

**Surname: Name:**

**Date of Birth: ID/Passport No.**

**Home Address:**

**Profession:**

**Length of time in Tertiary Ed:**

**Telephone Number: Nationality:**

**Personal Email: Golfer:** Yes No

**Gender:** Male Female:

**Date: Signature**

**Work Experience (No. of years):**

**Mentoring Areas (Tick)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Career planning and development | Governance |  |
|  | Work-life balance | Project management |  |
|  | Managing people/teams | Media/Community engagement |  |
|  | Change management/leadership | Strategic planning |  |
|  | Conflict resolution/negotiation | Self-confidence/assertiveness |  |
|  | Networking/consulting skills | Grant writing |  |
|  | Understanding organizational structures | Higher Degrees by Research student supervision |  |
|  | Skills for effective committee participation | Overcoming gender stereotyping/discrimination |  |

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|  |

**Other:**

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| --- |
| **Please give a brief overview of your current job, main responsibilities and career to date** |
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| **Please briefly state why you want to be a mentor. Please refer to the scheme as required and include any personal qualities/experience of developing others.** |
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| **Would you be prepared to act as a mentor form more than one person? If yes, how many?** |
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**SECTION B: DISCLAIMER**

By signing this you are agreeing to adhere to the mentoring scheme, actively participate in the mentoring process and contribute to the evaluation of the scheme.

**Name**…………………………………………………………………………………………….

**Applicant Signature:** …………………………………………… **Date**: …………………..