

MP-AF-02

**MENTOR - APPLICATION FORM**

**PERSONAL DETAILS**

|  |  |
| --- | --- |
|  | |
| **Mr. / Mrs. / Ms. / Dr. / Prof. / Sir** |  |
| Surname |  |
| First Names |  |
| Date of Birth |  |
| Street Address |  |
| Postal Address |  |
| City/ suburb / Village |  |
| Municipality |  |
| Province |  |
| E-mail |  |
| Work Phone No. |  |
| Mobile Phone No. |  |
| Preferred Contact No. |  |
| Business Name |  |
| Qualification(s) Obtained |  |
| Company / Institution |  |
| Are you a professional/business owner/ employee |  |
| No. of years of experience in business |  |
| Criminal Record |  |
| No. of years involved as a mentor |  |
| Name other Institutions involved as a mentor |  |
| Years of mentoring experience and area of mentoring | |
|  | |
| Give your ideal profile of the mentee you would like to be matched or paired with. | |
|  | |
| SKILLS & EXPEREINCE  |  | | --- | | Provide details of the Business Skills that you must support the NYDA – VBMP: | |  | | Please provide a short profile explaining the mentoring/services that you previously provided to young entrepreneurs/ or would like to provide to young people and the value it added to their businesses/ or will intend to have. | |  | | State what you hope to benefit from the programme as a Mentor. | |  |  SECTORS & BUSINESS TYPES: Tick all relevant sectors and business types that apply to your skills and experience areas where your strengths and double tick those that are strongly developed | | |
|  | | |
| Retail / Wholesale Service Manufacturing Franchising | | |
| Agriculture,  Arts & Entertainment  Building & Construction  Business Services  Chemical & Pharmaceutical  Electrical & Electronics  Fashion & Clothing  Food & Beverages  Information Technology  Paper & Printing | Pottery & Glassware  Restaurant & Fast Foods  Textiles & Soft Furnishing  Timber & Wood  Tourism & Hospitality  Vehicle Repairs & Parts  Water  Other 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Terms and Conditions:**

* The Business Mentorship Programme is implemented through the support of volunteer Mentors
* Mentees are recruited and assessed by the Branches of the NYDA
* Mentees are matched with mentors based on the assessment
* Only NYDA – Mentorship Programme contracted mentors should render mentoring support to mentees

***Indicate the name of the NYDA Branch/ Branches that you would like to service as a mentor:***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Thank you for your interest in applying to be a mentor and for completing this form.

Please note that Mentors are required to sign a Memorandum of Understanding which outlines the terms of their engagement in the programme prior to any service rendering.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Applicant)

* ***Please attach copy of your CV for vetting***
* ***Mentor applications and supporting documents must be submitted to the nearest NYDA office/branch.***