



MENTORING PROGRAMME

Mentee Application

1) Personal Details

Name: _____

Home Address: _____

Date of Birth: _____ Gender: _____

Preferred Contact Phone/Mobile: _____

Preferred Contact Email: _____

Employer: _____

Occupation: _____

Country of origin: _____

2) Interests and Hobbies:

3) Languages spoken:

4) Please explain why you need a mentor:

5) Please state which area you are interested in being mentored:

6) Have you ever participated in a mentoring programme before? If Yes, please explain:

With the completion of this application and my signature below, I recognise that I am merely applying to become a mentee and that neither I nor Crosscare is committed to my acceptance as a mentee. I am willing to participate in the application process and I agree to share additional information with Crosscare when required.

Signature of Applicant: _____

Date: _____

Please return completed form to: jobrien@crosscare.ie

Or

Joe O'Brien

Crosscare

1 Cathedral St.

Dublin 1

Tel:01-8732844

Closing date for applications is March 15th