



## BENOWA HONOURS PROGRAM MENTOR REGISTRATION FORM

### 1. ELIGIBLE MENTORS

The Benowa Honours Program welcomes professionals who reside in the Gold Coast and Brisbane and have four years or more experience in the workforce.

### 2. PERSONAL DETAILS

<b>Title:</b>	<b>Surname:</b>	<b>First Name:</b>
<b>Specify any language/s spoken other than English:</b>	<b>Gender:</b> Male/Female	
<b>Name of the Organisation you are employed with:</b>	<b>Briefly describe your role:</b>	
<b>Position title:</b>		
<b>Have you participated in a program like this before?</b> Yes/No	<b>If yes, in which year/s did you participate?</b>	

### 3. CONTACT DETAILS

<b>Residential address:</b>		
<b>Street number and name</b>		
<b>Suburb</b>	<b>State</b>	<b>Postcode</b>
<b>Postal address:</b>		
<b>PO Box</b>		
<b>Suburb</b>	<b>State</b>	<b>Postcode</b>
<b>Is the address provided your work address/home address?</b>		
<b>Preferred telephone number:</b>		
<b>Mobile number (if different to above):</b>		
<b>Email address:</b>		

#### 4. EMPLOYMENT HISTORY

Number of years in the workforce:

Briefly describe your employment history and areas of expertise:

Qualifications:

#### 5. MENTORING

Students from a variety of disciplines will be interested in having a Mentor. Please nominate your preferences for the type of student you would be interested in mentoring:

Broad field of study:

Degree/major course of study:  
E.g. Civil Engineering, History

Would you prefer to mentor one or two students?

Do you have any preferences or constraints that may affect your participation? (e.g. gender, location, experience etc.):

Please provide the name, position and contact details of 1 referee:

#### 6. REFERRAL SOURCE

How did you find out about this program?

## 7. TERMS & CONDITIONS OF PARTICIPATION

**By submitting this form I am demonstrating that I accept the following statements:**

1. I understand that Benowa State High School uses its best endeavours to effectively match Mentors and Mentees however, an ideal match is not always possible.
2. I accept that Benowa State High School takes no responsibility for any individual's behaviour.
3. I agree to apply due diligence in managing a mentoring relationship to maximise safety and minimise risk.
4. I agree that my name, preferred phone number, email address and employment details can be made available to my Mentee.

**Full name of Mentor** (please print): \_\_\_\_\_

**Signature of Mentor:** \_\_\_\_\_

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