



Mentor/Mentee Application Form

| I am applying to be a Mentor Yes / No | I am applying to be a Mentee Yes / No |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Name | |
| Membership No | |
| NZOHNA Branch | |
| Email | |
| Contact Phone Number | |
| Preferred meeting style (zoom, in person) | |
| Company Name | |
| Number of years of OHN experience | |
| Qualifications and work experience: | |
| Knowledge and skills: | |
| What do you want to gain from participation in the mentoring programme? (Goals for a Mentee/Mentor) | |
| I have read the NZOHNA Mentoring Programme Fact Sheet and when matched, agree to signing the Mentoring Agreement. | |
| Signature: | Date: |
| Mentor Branch endorsement (signature and name): | |
| Date: | |

Please email the completed form to mentoring@nzohna.org.nz