

Student Career Mentoring Program

2009

*An initiative of Careers and Employment
Supported by Alumni Relations*

Mentor Application Form

The La Trobe University **Student Career Mentoring Program** welcomes professionals, who are currently employed, reside in Victoria and have 2 years or more experience in the workforce.

Please submit the completed form by **March 6, 2009**.

Personal Details

Title:..... First name:..... Surname:

Are you: Male Female

Are you: 40 years or under 40+ years

Do you speak a language other than English? Please state which language?

Position title: _____

Name of your workplace: _____

Workplace address: _____

_____ Postcode: _____

Phone number: _____ Email address: _____

Industry Experience

Your qualifications: _____

Are you a graduate of La Trobe University? Yes No

Briefly describe your current role: _____

Number of years in the workforce: _____

Briefly describe your employment history: _____

What is your area of expertise/ interest? _____

Preferences

*Students from a variety of disciplines will be interested in having a mentor.
Please nominate your preferences for the area of study you would be most suited to mentoring in
(for more detail on specific LTU courses, go to: www.latrobe.edu.au/coursefinder)*

- | | |
|--|---|
| <input checked="" type="checkbox"/> Arts/Humanities | <input type="checkbox"/> International Relations |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Journalism |
| <input type="checkbox"/> Agricultural Science | <input type="checkbox"/> Law |
| <input type="checkbox"/> Biological Sciences | <input type="checkbox"/> Legal Studies |
| <input type="checkbox"/> Biotechnology and Cell Biology | <input type="checkbox"/> Media Studies |
| <input type="checkbox"/> Business | <input type="checkbox"/> Medical Science |
| <input type="checkbox"/> Commerce | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Computer Network Engineering | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Computer Science | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Computing Science in Games Technology | <input type="checkbox"/> Physiotherapy |
| <input type="checkbox"/> Conservation Biology and Ecology | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Development Studies | <input type="checkbox"/> Science |
| <input type="checkbox"/> Economics | <input type="checkbox"/> Social Sciences |
| <input type="checkbox"/> Electronic Engineering | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Electronic Technology | <input type="checkbox"/> Software Engineering |
| <input type="checkbox"/> Education | <input type="checkbox"/> Speech Pathology |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Sport and Leisure Management |
| <input type="checkbox"/> Health Sciences | <input type="checkbox"/> Tourism and Hospitality |
| <input type="checkbox"/> Human Services | <input type="checkbox"/> Visual Arts |
| <input type="checkbox"/> Information Systems | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> International Business | <input type="checkbox"/> Other _____ |

Additional information

What other skills, knowledge or expertise are you able to share? E.g: personal development ,
professional communication , time management , motivation , specific industry knowledge

Please describe these and/or other applicable skills/talents: _____

Everyone chooses to mentor for a variety of reasons. Please give us an insight into why you would like to be considered as a mentor in this program. _____

Would you prefer to mentor one or a small group of students?

1 student

small group

Don't mind

Do you have any preferences or constraints that may affect your participation? (eg gender, location considerations etc.)

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

Please email, post or fax the completed form by **March 6, 2009** to:

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