

Expression of interest in becoming a mentor

Fax (02) 9979 1599 Email maxwilson@cla.org.au



Name _____

Business phone number _____ Mobile _____

Email _____

Current firm _____

Address _____

Main area in which I work

My expectations from the mentor relationship

Particular constraints or requirements to be considered (eg, times and preferred location of meetings)

Background

Interests

Previous mentoring experience
