

Mentoring application form – Mentees

Thank you for applying to be on the Katuka Mentorship Programme. This form helps us to find the right mentor for you. Please see the mentoring guidelines for further information. (<u>Transfer of Skills for Greater Success | Katuka Coaching & Mentorship</u>) This form is confidential to Katuka Mentorship Proramme for learning and organisational development and the mentoring matching panel as designated in the mentoring programme.

Please complete this form as fully as possible. The information you provide will help us to match you with a mentor that has the experience and skills that closely match your development/learning needs. We charge a Registration Fee of N\$ 150 to cover administrative costs.

1. Personal Information:

Name and							
Surname:							
ID:							
Street		City:					
Address:							
Employer:							
		T					
Street		City:	City:				
Address:							
Job Title:							
Occupation:		How long in					
department:		current position:					
Cellphone:		Work Telephone:					
Damasal		Marila Franciila					
Personal		Work Email:					
email:							
Education and qualifications: Start with most recent							
Institution		Qualification					







2. Mentee Information:

Please give a brief overview of your current job, main responsibilities, and career to date.				
Please briefly state what you want to achieve from mentoring.				
Please identify your areas of development that you would like to be mentored on.				
. icase identify your disease of descriptions that you mould like to be included on				
Areas of Expertise and Knowledge	Tick			
Knowledge of Katuka and its culture				
Knowledge of/or previous experience as a mentor				
knowledge of or previous experience as a mentor				
Communicating effectively				
Confidence and assertiveness				
Dealing positively with change				
Dealing positively with change				
Improving resilience, work life balance and well being				
Management or moving into a management role				
Leadership or moving into a leadership role				
Leadership of moving med a leadership force				
Negotiating and influencing skills				
Networking opportunities				
Personal organisational skills and workload management (prioritising, planning and time				



management)





Project management							
Managing external suppliers							
Problem solving							
Strategic thinking and implementation							
Career development and planning e.g., any particular professional specialism- (Medical doctor) Specific areas:							
Please list other specific areas of knowledge and experience relevant to professional and support roles not listed above that you would like to be mentored on, e.g., managing planning, supporting research.							
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Do you have any specific preferences in terms of the person you would like to have as a mentor? E.g., Manager, non-manager, or an entrepreneur? We will take your preferences into consideration when							
matching, though it may not be pos	sible to meet your p	preference.					
Choose a category: Corporate or NGO	Professional		Entrepreneur/Business owner				
Any other:							
5. References: General reference (e.	g., immediate head))					
i) Name:							
Address:		Tel:					
i) Name:							
Address:		Tel:					
		l					

3. Applicant Declaration:

The information on this form will be used by the mentoring matching group.

By signing this agreement, you will have your manager's approval to be a mentored. It is expected that you will attend 3 training events, adhere to the mentoring scheme, actively participate in the mentoring process and contribute to the evaluation of the Programme.

- 1. Orientating training scheduled for beginning of February, in-person event (Wed & Fri morning 5 hours)
- 2. April and August training take place in-person (3-hour training each)







Line Manager Endorsement

	onfirm the applicant's suitability to ticipation.	be a mentee,	* verify their experience ar	nd skills and agree to their				
*(P	lease see the mentoring guidelines	s)						
Name: Signature:								
Dat	Date:							
4.	Rules and regulations:							
1. 2.	Application forms should be con All application forms should be a company shall accept no respon	accompanied l	by certified copies of the fo	llowing documents (note that the				
	i) Certified copy of proof of nati	onality; ii) Cer	rtified copies of qualification	ons				
3.	Proof of registration fee payr	nent. (N\$ 15	0) *(banking details belo	w)				
Init	 Completed application forms must be e-mailed or delivered to the following address: <u>desere@katuka.online</u> or <u>desere@economist.com.na</u> Applicants will be advised in writing of the decision of the KMP. The granting of participation lies within the sole discretion of KMP and their decision is final - no correspondence will be entered into this regard. All applications will be confidential and all information exchanged during the formal mentorship relationship is confidential. 							
				minimum of one hour every month				
	bruary 2025 and I commit to partic	required to co	omplete a mentor program	ned mentor. me orientation as scheduled by for the programme during the year				
	he undersigned, declare that the instance that the instance information invalidates this		ntained in this form is true	and correct and I also acknowledge				
Sig	nedc	on this	day of	2024.				
Sig	nature of applicant.			*Banking details: Namibian				
Th.	ault van fan aansplating this fann			Pusinosswomen Standard Pank				

Thank you for completing this form.

Please return to: Desèré Muller, Programme Director:

Email: desere@katuka.online or desere@economist.com.na **Deliver to**: Namibia Economist, 7 Schuster Street, Windhoek.

Branch Ausspannplatz: 08267200

Account: 241666007 Reference: Full name



