**MENTORSHIP APPLICATION FORM**

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| *To be eligible for selection as a GNGC mentorship beneficiary, mentees should complete this form.* |

* *Applicant should be self-motivated and eager to develop him or herself in the chosen discipline of interest.*
* *He/She should be a good listener and willing to learn under the supervision of a mentor.*
* *The mentee must be purpose driven and self-motivated.*
* *He/She should be receptive to feedback.*

**SECTION 1: PERSONAL INFORMATION**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name   |  | | --- | |  |   Middle Name   |  | | --- | |  |   Surname   |  | | --- | |  |   Email   |  | | --- | |  |   Gender   |  | | --- | |  |   Telephone No   |  | | --- | |  |   Date of Birth/Age   |  | | --- | |  |   Residential Address   |  | | --- | |  |   What is your academic Qualification?   |  | | --- | |  |   Which institution are you currently enrolled in?   |  | | --- | |  | |

**SECTION 2: OBJECTIVES AND EXPECTATIONS**

1.Have you ever been a beneficiary or part of a mentorship program? Yes /No

2.What are your expectations of this mentorship programme.

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3.Why do you want to be a GNGC mentee?

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4.How do you think being enrolled in the mentorship programme can support your professional goals?

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5. What is your career goal?

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6. What Challenges are you likely to encounter during your participation?

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7. As a mentee, you may be required to spend a minimum of five (5) months within a year at GNGC. Do you see yourself being able to allocate this period of time to the mentorship programme? Yes / No

8. How will you demonstrate your support to your mentor towards a successful implementation of the programme?

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9.Do you have any form of disability and will need special support during your mentorship?

If yes, please be specific …………………………………………………………………………………………………………...………………………………………………………………………………………………….………………………………………………………………………………………………………

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10. Do you have any medical condition(s) which needs special attention or will exempt you from certain activities? Yes / No

If yes, indicate the condition(s): ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

11. What division do you aspire to be assigned for your mentorship experience? Select from the options below:

* Community Relations and CSR Division
* Communication Division
* Human Resource & Administration
* Construction Management
* Project Controls
* Engineering & Maintenance
* Health, Safety, and Environment
* Logistics and Procurement
* Accounting and Finance
* Information Communication and Technology
* Facility Management
* Legal
* Commercial Division
* Technical Service Division
* Operations Division

Specify………………………………………………………………………………………………

11.How do you intend to influence your community of origin with the knowledge acquired from participating in the mentorship program.

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