



Mentorship application form – Mentees

Thank you for applying for the Mentorship Programme. This form helps us to find the right mentor for you.

Please see the coaching & mentoring guidelines for further information:

<https://wellness.katuka.online/coaching-and-mentorship>. This form is confidential to Wellness@Katuka

Coaching & Mentorship Programme 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 Address:		City:	
Employer or own business:			
Street Address:		City:	
Job Title:			
Occupation: department:		How long in current position:	
Cellphone:		Work Telephone:	
Personal email:		Work Email:	
Education and qualifications: Start with most recent			
Institution		Qualification	



2. Career Information:

Please give a brief overview of your current job, main responsibilities, and career to date.

3. Goals and Expectations:

Please briefly state what you want to achieve from mentoring. Please outline your short-term and long-term goals:

Please identify your areas of development that you would like to be mentored on.

Areas of Expertise and Knowledge	Tick
Knowledge of Katuka and its culture	
Knowledge of/or previous experience as a mentor	
Communicating effectively	
Confidence and assertiveness	
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	
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.

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 possible to meet your preference.		
Choose a category: <input type="checkbox"/> Corporate or NGO	<input type="checkbox"/> Professional	<input type="checkbox"/> Entrepreneur/Business owner
Any other:		

4. Current Challenges:

On a scale of 1-10 how happy are you with your life right now?
<div></div> <div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div><div>10</div></div>
Please describe the main challenges or obstacles you are facing in your career or business right now:



Are there any specific expectations or outcomes you have from our mentorship relationship?

Have you ever worked with a mentor before? If yes, please briefly describe your experience:

5. Availability & Commitment:

Mentoring requires a commitment of resources, including time, money and energy to see the results you desire.

Are you willing to commit to regular mentoring sessions and complete assignments between sessions to achieve your goals? (Please indicate your level of commitment)

- ☐ Highly committed
☐ Moderately committed
☐ Somewhat committed
☐ Not sure about my commitment level

On a scale of 1 (not able at all) — 10 (very able) how able do you think you are to make the desired changes?

1	2	3	4	5	6	7	8	9	10
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Please complete this section before you submit the form.

By submitting this form, I confirm that I am interested in mentorship services and understand that the information provided will be kept confidential. I confirm I am aware of the following conditions:

- Registration submitted by me is to facilitate compatibility. All private information filled in this survey will not be externally shared.
- Given the schedule limits, submitting this registration form will not guarantee final acceptance.
- I can opt out of enrolment after the free consultation.

Please feel free to visit our website: wellness.katuka.online for more information and available resources. Please email this form to desere@katuka.online

Signed _____ on this _____ day of _____ 202__.
Signature of applicant.

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.

*Banking details: Namibian
Businesswomen, Standard Bank
Branch Ausspannplatz: 08267200
Account: 241666007
Reference: Full name

I am looking forward to meeting with you!

Warm regards

Desèré.