

OHAGA OHAGA MENTORSHIP PROGRAMME (OOMP)

Application Form – Mentee

Thank you for applying to be a OOMP mentee. The information contained on the completed form is confidential and will not be shared with any persons other than the Mentorship Committee.

Please tick the box below to give OOMP permission to share your information with the Mentorship Committee.

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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 best meets your development needs and preferences.

Personal Particulars

Name:

Title/Designation.....

Employer.....

Contact Details (email address):

Contact Details (mobile number):.....

Location/County/City:

1. Are you prepared to commit at least minimum of one hour per month to this programme?

☐ Yes ☐ No

2. Please select the reason(s) for wanting to be a mentee:

☐ Personal and career development ☐ Leadership and/or skills development ☐ Building and maintaining professional networks ☐ Develop a community of learning ☐ Reinforce learning and development by sharing knowledge and skills

Please add any other reason(s) not listed above.....

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3. Please identify your development areas/gaps that you require mentorship:

Interpersonal and/or Business skills

☐ Communicating effectively ☐ Confidence and assertiveness ☐ Dealing positively with change ☐ Career resilience ☐ Management of people ☐ Career planning and progression ☐ Traits of effective leaders ☐ Negotiating and influencing skills ☐ Personal organisational skills

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<https://ohagaohaga.co.ke/>

and workload management (prioritising and planning) ☐ Project management ☐ Managing key stakeholders ☐ Problem solving ☐ Strategic thinking and implementation

Other (please specify):

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4. Please tell us a bit more about yourself.

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5. What do you hope to gain by being on the mentorship programme?

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6. General comments that you feel are important for us to know

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7. Have you ever been mentored before – formally or informally?

☐ Yes (formally) ☐ Yes (informally) ☐ No

8. If yes, may you please indicate in what area was the mentorship focused on?

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Applicant declaration

I acknowledge that any personal information supplied to OOMP is done so voluntarily to facilitate the processing of this application. I furthermore acknowledge that the information provided by me, is to the best of my knowledge both true and correct, and I understand that any incorrect or inaccurate information or documentation submitted may adversely affect the manner in which OOMP processes my application to be a mentee.

Disclaimer

The information you are voluntarily providing will be used to help assist us in achieving our mentorship programme goals for OOMP.

The information collected will be used in accordance with the Data Protection Act and Right to Privacy and will only be shared with the OOMP Mentorship Committee.

Please tick the box below to accept the declaration and disclaimer above.

☐

Date of Application:

Signature.....

Phone number/Contact Information.....