**ISACA Ireland Mentoring Programme**

Mentee application form

Thank you for your interest in the ISACA Ireland mentoring programme.

Our goal is to support the professional development of Isaca lreland members and to help mentees set and achieve their goals and realise their full potential.

Please complete the form below and highlight the areas where you would benefit from development. This is a key part of the matching process as we will select a mentor for you based on this information.

Once you have completed the form please return it to Jackie Manning:

**info@isaca.ie**.

If you have any questions regarding the mentoring programme or the application process, please do not hesitate to contact us.

By completing this form, you are giving consent to the ISACA Ireland Mentoring team to use the details provided for the sole purpose of mentor-mentee matching. Your information will remain secure and confidential. It will not be disclosed outside of the team until you have been matched with a mentor, at which point your contact details will be passed on to the mentor.

For further information about how ISACA Ireland processes personal data please see our full privacy policy at https://engage.isaca.org/irelandchapter/privacypolicy

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| **Name:** |  |
| **ISACA Membership number** |  |
| **Job Title:** |  |
| **Company:** |  |
| **Tel No:** |  |
| **Email:** |  |
| **Career/Employment History:****Please include CV (max 1 page) if you wish:** |  |
| **Activities and Interests:****Any work-related extra activities and interests:** |  |
| **Relevant Education History:** |  |
| **Career Choice:****State if there is anything you would particularly like to achieve in your professional/personal life that you feel a Mentor could support you with.** |  |
| **What help would you like to receive from a mentor?****Mention if you have any strong preferences about what you are looking for from a Mentor** |  |
| **Do you have any specific or broad learning or career goals? (please specify three****distinct goals)** |  |
| **Would you prefer a mentor who practices the same speciality as you?** |  |
| **Would you prefer a mentor who is from the same geographic region as you?** |  |
| **Any other relevant information:** |  |
| **Reasons for applying for the ISACA Ireland Mentoring Scheme?** |  |
| **Date:** |  |