**Mentor Bio - 2025**

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| **Personal Details** | | |
| Mentor Name: |  | |
| Preferred Contact Number: |  | |
| Preferred Contact Email: |  | |
| **About You** |  | |
| Briefly describe your current profession/employed role.  Or  Briefly describe your business and your role within it.  Please note your length of career, seniority, business maturity and past mentoring experience. |  | |
| **Career or Business Stage**  **Please highlight what is most applicable to you.** | **Professional:**  Early Stage Mid Stage Senior Returner Pre-retirement  **I am a business owner:**  Start-up / idea stage early-stage trading growth | |
| **Main Mentoring Focus**  **Please highlight one/ two areas that you can offer support with.** | **Career Development**  Developing in a current role or seeking a new role | **Business Development**  Start up or developing an existing business |
| **Priority Areas of Mentoring** | **Highlight all the areas that you might support another with:** | |
| Mentors, please highlight as many areas as possible. | |  |  | | --- | --- | | **Building Networks**  **Leading & Managing**  **Managing Relationships**  **Presenting & Public speaking**  **Personal Profile & Visibility**  **Career Planning** | **Interviews & Pitches**  **Influencing Others**  **Promoting a Business**  **Strategy & Business Planning**  **Confidence**  **Resilience** | | |
| I understand I am committing to a 9-12 month mentoring relationship which may require flexible virtual meeting times using video calling technology. I will keep in touch with my mentee or inform the organisers if my circumstances change or I am not in a position to continue with the mentoring relationship. | | |
| Signature: | Date: | |

Please expand boxes, should you wish and return completed bio to: **info@centreoflearningni.com**