Thank you for applying to be a GrowBiz Mentor. Please see the Mentoring Information Page for further guidance. This form is confidential to the GrowBiz Mentoring Team.

Please complete this form as fully as possible. The information you provide will help us to match you with a mentee.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** | | **Location:** | | |
| **Contact Tel. No:** | **Email:** | | | |
| **Business/Organisation Name :** | | | | |
| **Please give a brief overview of your current / most recent position, main responsibilities and career to date.** | | | | |
| **Please briefly state why you want to be a mentor. Please refer to the Mentoring Information Page as required and include any personal qualities / experience of developing others.** | | | | |
| **Please identify your areas of expertise and knowledge:** | | | | |
|  | | | | Y/N |
| Knowledge of GrowBiz and its culture | | | |  |
| Direct experience of running a business | | | |  |
| Communicating effectively | | | |  |
| Confidence and assertiveness | | | |  |
| Dealing positively with change | | | |  |
| Improving resilience, work-life balance and wellbeing | | | |  |
| Management or moving into a management role | | | |  |
| Leadership or moving into a leadership role | | | |  |
| Negotiating and influencing skills | | | |  |
| Networking opportunities | | | |  |
| Personal organisation skills and workload management (prioritising, planning and time management) | | | |  |
| Project management | | | |  |
| Managing external suppliers | | | |  |
| Problem solving | | | |  |
| Strategic thinking and implementation | | | |  |
| Business development and planning | | | |  |
|  | | | | |
| **Please list other specific areas of knowledge and experience:** | | | | |
| **Do you have any specific preferences in terms of the participant you would like to mentor? E.g. Location, stage of business. We will take your preferences into consideration when matching, though it may not be possible to meet your preference.** | | | | |
| **Declaration**  The information on this form will be used by the GrowBiz Mentoring Team.  It is expected that you will attend training, adhere to the mentoring scheme, actively participate in the mentoring process and contribute to the evaluation of the scheme.  Please sign (or type your name to represent your signature) and date this form below. Thank you | | | | |
| **Signed:** | | | **Date**:- | |

Thank you for completing this form.

Please return to [clair@growbiz.co.uk](mailto:clair@growbiz.co.uk)