

Mentoring Program Application Form



GLEN EIRA
CITY COUNCIL

Surname:	First name:	Preferred Name:
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Age:	Date of Birth: __ / __ / ____	Male []	Female []
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Home Address:		
Suburb:	Postcode:	Telephone:
Mobile:	Email:	

1. Why are you interested in taking part in the mentoring program?

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2. What skills would you hope to learn in the mentoring program?

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3. What would you hope to gain from the mentoring relationship?

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4. What do you think are the two most important issues for a person with a disability living in the City of Glen Eira?

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2.....
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5. What barriers are there for people with disabilities in the local community that stops them from reaching their goals?

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6. What do you think needs to be done to address these barriers?

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7. List any Community Groups that you are a member of:

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2.
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3.
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4.
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5.
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Please return this form to:

Amanda Burns
Community Development Officer – Metro Access
Glen Eira City Council
PO Box 42
Caulfield South
3162

Information Privacy

The personal information requested is required primarily for the provision of the service referred to on this form and will only be shared with those directly responsible for providing that service. If you do not provide the information, we may not be able to deliver the service.

If you would like to know more about privacy at Glen Eira City Council, including your right to seek access to any information collected on this form, please contact council's Privacy Officer on 9524 3422.