**IIA NZ Mentoring Program**

**Application Form**

**Name:**

**Address:**

**Phone number: Email:**

**Organisation:**

**Job Title:**

**Number of years in Internal Audit profession:**

**Qualifications/certifications:**

**IIA NZ Membership ID:**

**Interest:** (*tick the relevant box*)

**🞎 I want to be a Mentor 🞎 I want to be a Mentee**

|  |
| --- |
| **Please explain briefly what you would like to get out of the program** |
| *Consider what outcomes you would like to achieve (e.g. career development, gain experience or other insights).* |

|  |
| --- |
| **Mentor - What qualities do you have that will make you a good Mentor?****Mentee - What qualities are you looking for in a Mentor?** |
| *Consider what would be most beneficial for what you want to achieve through the program (e.g. specific experience, skillsets, values).* |

|  |
| --- |
| **Mentor - What skills and experience do you have that will benefit a Mentee?****Mentee - What areas would you specifically like support in?** |
|  |

|  |
| --- |
| **Is there anything else you would like to share that will assist in matching you with a Mentor/Mentee?** *(e.g. hobbies, career ambitions, work experience background).* |
|  |

**IIA NZ's Mentor and Mentee Expectations**

|  |  |
| --- | --- |
| **Mentor** | **Mentee** |
| * To apply coaching skills to support the Mentee to generate their own solutions.
* To share experiences and suggest options.
* To avoid being judgemental.
* To acknowledge they don't have all the answers.
* To be clear about expectations and boundaries.
* To respect confidentiality.
* To abide by the IIA Code of Ethics.
* To see mentoring as an opportunity to learn themselves.
* To be disciplined in committing to meetings scheduled with their Mentee (minimum 1- 2 hours of their time monthly).
 | * To be curious, organised, efficient, responsible and engaged.
* To take responsibility for their career/professional goals.
* To document and review goals and desired outcomes when working with a Mentor.
* To take ownership for the contact time with their Mentor.
* To consider how to maximise time spent with their Mentor and prepare in advance of their meetings.
* To respect the views and insights shared by their Mentor and confidentiality.
* To abide by the IIA Code of Ethics.
* To be proactive in completing actions in between meetings.
* To be respectful of their Mentor's time and commit to each meeting (minimum 1 - 2 hours of their time monthly).
 |

I understand and agree to the expectations of the IIA NZ Mentoring Program.

**Name:**

**Signature: Date:**

**Please provide two References (Mentors only). *These can be either character or work references.***

**Name:**

**Organisation:**

**Relationship to you:**

**Phone number:**

**Email:**

**Name:**

**Organisation:**

**Relationship to you:**

**Phone number:**

**Email:**

**Manager endorsement for your participation in the program (Mentees only)**

**Name:**

**Title:**

**Organisation:**

**Signature: Date:**

*Please accompany this application with your CV (optional).*

*Please email your application to admin@iianz.org.nz*