

Name

LIFT OFF!

MENTOR

Expression of Interest

Please print clearly and complete all sections

Organisation						
Position						
Email			Phone Number			
Membership	category Fellow	Full Member	Retired			
Lift Off	Assets					
I can offer:	Overall career development mentoring Technical skill mentoring—Please select all that apply:					
				Community Development People and Culture Volume	_	
	Other (Please specify					
Signature:				Date:		

In a **separate document** (Word Doc or pdf) please answer the questions below. Please return the form and supporting documents, **including a high resolution photo of yourself**, to: projects@lgprofessionalswa.org.au by Thursday 25 January 2024 or contact Viola Jacobs on 9271 1136 for any queries.

Questions

- Provide an overview of your career in local government (please attach a copy of your resume).
- Why are you applying to be a mentor in the Lift Off Program?
- Describe any previous mentoring experience.
- What specific skills and experience would you bring to your role as a mentor?
- What type of mentee would you like to support?

Photo

Please attach a high resolution photo of yourself.

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