

MENTEE APPLICATION FORM

Name		Date	
Postal Address		Postcode	
Mobile Tel		Home Tel	
Email Address			
Are you a member of the APJA? (Please circle)			Yes No
Judging level attained (Please circle)			
Beginner	Intern	Licentiate	Associate
			Fellow
			Master
Mentor Program			
In which topic do you wish to be mentored? Name and Describe the Topic:			
What is your ultimate goal with appraising images?			
Do you have a journal with which to keep records of meetings, including notes on what was discussed and what the outcomes were (They should summarise the discussion and record any actions that need to be taken)?			
		Yes No	
Have you read the APJA Mentoring Program on the website?			
(Please circle)		Yes No	
Do you concur with the Administrative, Confidentiality, Code of Conduct and Ethical requirements of the program? (Please circle)			
		Yes No	
Who is your preference as a mentor for you program topic?			
Name		Contact details	