

**Application as mentee**

The application form is used to find the mentor who matches your field of experiences the best. It is important that you fill out all fields. You are very welcome to attach your CV, which will be forwarded to your mentor. The personal information will be treated confidentially by IDA.

The completed form should be e-mailed to [idamentor@ida.dk](mailto:idamentor@ida.dk)

|  |  |  |
| --- | --- | --- |
| **Contact information:** | **Date of birth** | Membership number or CPR number: |
| Your name: | Address: | Postal code – city: |
| Telephone number in the daytime: | E-mail: |  |
|  |  | |

**Current job situation:**

|  |  |
| --- | --- |
| Employee (list the name of the company): | Number of employees: |
| Self-employed (list the name of your company): | Number of employees: |
| Position: | If you have a managerial position, list the number of people you are in charge of: |
| Your primary field of activity: | |

**Reason to apply for a mentor:**

Your most significant challenges right now

|  |
| --- |
| 1. |
| 2. |
| 3. |

|  |
| --- |
| What do you want to develop: |
| Expectations to your mentor (e.g. specific experiences, position, gender, etc.) |
| List other relevant information: |

Trade (tick box)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Building and construction |  | Transport |  | Telecom |  | Gas/oil |  |
| Water |  | Pharma |  | Food |  | Medical |  |
| IT |  | Software |  | Electronics |  | Research |  |
| Other (specify which): | | | | | | | |

**Former employment (you are welcome to attach CV)**

|  |  |  |  |
| --- | --- | --- | --- |
| Period | Job function | Company | Field(s) of work |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**For the purpose of invoicing we ask for the following information:**

|  |  |  |
| --- | --- | --- |
|  | I am a member of IDA. Participation fee is DKK 3,000  Membership no.:       (or)  CPR no.: | I am not a member of IDA.  Participation fee is DKK 5,000 |
|  |
|  |
|  |
| **We encourage you to apply for the participation fee from your employer as part of your in-service training and network development.** | | |
| Who pays for your participation: | | |
| Company:   |  | | --- | | Company name: | | Address: | | Postal code & city: | | Possibly EAN no.: | | | Tick box, if IDA is allowed to mention your work place on a list of companies that participants in IDA Mentor 1:1 come from. |
| Private:  (the invoice is sent to the abovementioned address) | | |