

CONTACT INFORMATION

First Name	
Surname	
Address	
Phone No.	
Email	

SKILLS YOU CAN CONTRIBUTE (Please Tick)

Secretarial	
Organisational	
Photography	
Social Support	
Facilitation	
Bookkeeping	
Design	
Negotiation	
Sales	
Human Resources	
Event Management	

Would you like to be mentored if this service is available? (Please Circle) Yes No

POSSIBLE AREAS OF MENTORING (Please Tick)

Building a profile (performance vs perception)	
Developing networks, relationships and seeking sponsors	
Identifying priorities	
Skills enhancement	

Professional self-promotion	
Strengthening confidence	
Support for busy Mums and relationship building	
Projecting your voice	

Would you like to join the Committee? (Please Circle) Yes No

Will you be joining as a Foundational Member? (Please Circle) Yes No

Joining Member (Full Name)			
Signature		Date	
Witness (Full Name)			
Signature		Date	