

Application to Join MTA Guild Mentoring Programme for Participants

Please complete this document and forward it to: The Co-ordinator, Mentoring Programme. PO Box 9244, Marion Square, Wellington 6011 or fax to 04 381 4529.

Name: _____

Home Address: _____

Business Name: _____ MTA Membership Number: _____

Business Address: _____

Phone: _____ Mobile: _____

Email: _____

Initial contact:

Please contact me at: Work Home Other Specify _____

During: Morning Afternoon Evening Weekend

Can you tell us briefly what type of help you are seeking from the Mentoring Programme.

(The Coordinator will call you to discuss this in more detail if required).

Signed: _____ Date: / /

