



**Mentoring
Australia's
Apprentices
Project**

Brett Geeves

E brett.geeves@vetnetwork.org.au
M 0400 143 095
F 08 8351 3599
W maap.vetnetwork.org.au

Expression of Interest form

Mentor

Surname _____ Given name _____

Date of birth _____ M F

Residential address _____

Suburb _____ State _____ Postcode _____

Postal address _____

Suburb _____ State _____ Postcode _____

Mobile number _____ Alternate number _____

Email _____ Alternate email _____

Employer _____

Current role _____

Briefly outline your work history/training/qualifications: _____

Please list any interests, work experience, hobbies, memberships, achievements and other information you believe relevant:

Please indicate your availability to participate in MAAP:

- Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday Various/flexible

Comments: _____

Please indicate the frequency of your availability:
 (Note: the minimum commitment is 20 hours within 20 weeks)

- Weekly Fortnightly Monthly Variable/flexible (based on availability)

Other _____

Comments: _____

