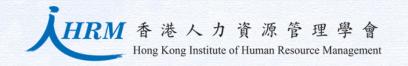


2025/26 Mentorship Programme Application Form - Mentor

Please complete and return the form for matching to membership@hkihrm.org on or before 16 May 2025.

Name			Membershi	ip No.		
	First Name	Last Name				
Email			Mobile No. (Tick the box for joining V	VhatsApp Group)		
Residentia	l District		Working Di	istrict		
No. of Year	rs Working in H	HR Sector*	HR Departr	ment Size	e (No. of Staff)	
Company			Position			
*The programme managerial / pro		ow or Professional mem	bers with at least 10 ye	ars of HR ex	rperience, 5 years of w	hich a
1. How mai	ny mentees ca	n you take this	year? 1	2	3 or more	
2 Any nos	sibility for you	to have a shari	ng session with	our mer	ntees?	
			ing session with		itccs:	
	familiar topic is:			No		
			u are looking fo			
(we will atte	empt to provide you	with a mentee who h	neets your preference	s but we ca	nnot guarantee avai	ability
(B	аскугоипа, ехрег	ience, personality q	ualities, area of HR	experuse,	genaer etc.)	
4. Your pref	erred communi	cation mode:				
Call	Email	Instant Me	essage (WhatsAp	p, Wecha	at, Signal)	
Meeti	ng on weekday					
		uesday W	/ednesday	Thursday	y Friday	
	ng on weekend					
		unday				
ivieeti	ing location(s):					



5. Which of the following areas of professional areas you can help your

mentee to develop?			
Training, Learning and Development	t Reward Managment		
Sourcing and Staffing	Employment Law		
Employee Engagement	Others:		
6. Please select and rank up to 5 competo to develop. (1 is the most important a	etencies that you can help your mentee and 5 is the least important)		
HR Com	petencies		
Business Partner	Strategy Implementer		
Organisation Development Designer			
Culture and Change Agent			
Executive (Competencies		
Shared Vision	Time Management		
Decisiveness	Global Perspective		
Leadership	Relationship Management		
Strategic Thinking	Cross Cultural Capability		
Result Oriented	Talent Development		
Ot	thers		
Career Planning & Development	Knowledge Management		
Creativity and Innovation	Others:		
attend the programme activities during mentoring period if be	tand the requirement of mentor as stated and I am committe eing selected as the mentor. his programme or my participation and to amend the relevant to		
Name	Signature Date		
Membership No			