

## 2025/26 Mentorship Programme Application Form - Mentor

Please complete and return the form for matching to [membership@hkihrm.org](mailto:membership@hkihrm.org) on or before 16 May 2025.

<b>Name</b>	<input type="text"/>	<input type="text"/>	<b>Membership No.</b>	<input type="text"/>
	First Name	Last Name		
<b>Email</b>	<input type="text"/>		<b>Mobile No.</b>	<input type="text"/>
			(Tick the box for joining WhatsApp Group)	<input type="checkbox"/>
<b>Residential District</b>	<input type="text"/>		<b>Working District</b>	<input type="text"/>
<b>No. of Years Working in HR Sector*</b>	<input type="text"/>		<b>HR Department Size (No. of Staff)</b>	<input type="text"/>
<b>Company</b>	<input type="text"/>		<b>Position</b>	<input type="text"/>

\*The programme is designed for Fellow or Professional members with at least 10 years of HR experience, 5 years of which at managerial / professional level.

1. How many mentees can you take this year?  1  2  3 or more

2. Any possibility for you to have a sharing session with our mentees?

Yes, familiar topic is: \_\_\_\_\_  No

3. What specific qualities of a mentee you are looking for?

(We will attempt to provide you with a mentee who meets your preferences but we cannot guarantee availability.)

(Background, experience, personality qualities, area of HR expertise, gender etc.)

4. Your preferred communication mode:

Call  Email  Instant Message (WhatsApp, Wechat, Signal)

Meeting on weekday

Monday  Tuesday  Wednesday  Thursday  Friday

Meeting on weekend

Saturday  Sunday

Meeting location(s): \_\_\_\_\_

**5. Which of the following areas of professional areas you can help your mentee to develop?**

- |   |  |
|---|--|
| <input type="checkbox"/> Training, Learning and Development | <input type="checkbox"/> Reward Management |
| <input type="checkbox"/> Sourcing and Staffing              | <input type="checkbox"/> Employment Law    |
| <input type="checkbox"/> Employee Engagement                | <input type="checkbox"/> Others: _____     |

**6. Please select and rank up to 5 competencies that you can help your mentee to develop. (1 is the most important and 5 is the least important)**

**HR Competencies**

- |  |   |
|--|---|
| <input type="checkbox"/> Business Partner                  | <input type="checkbox"/> Strategy Implementer |
| <input type="checkbox"/> Organisation Development Designer | <input type="checkbox"/> Expert Practitioner  |
| <input type="checkbox"/> Culture and Change Agent          |   |

**Executive Competencies**

- |   |  |
|---|--|
| <input type="checkbox"/> Shared Vision      | <input type="checkbox"/> Time Management           |
| <input type="checkbox"/> Decisiveness       | <input type="checkbox"/> Global Perspective        |
| <input type="checkbox"/> Leadership         | <input type="checkbox"/> Relationship Management   |
| <input type="checkbox"/> Strategic Thinking | <input type="checkbox"/> Cross Cultural Capability |
| <input type="checkbox"/> Result Oriented    | <input type="checkbox"/> Talent Development        |

**Others**

- |  |   |
|--|---|
| <input type="checkbox"/> Career Planning & Development | <input type="checkbox"/> Knowledge Management |
| <input type="checkbox"/> Creativity and Innovation     | <input type="checkbox"/> Others: _____        |

By signing of this application form, I declare that I understand the requirement of mentor as stated and I am committed to attend the programme activities during mentoring period if being selected as the mentor.

HKIHRM reserves the right to suspend, vary or terminate this programme or my participation and to amend the relevant terms and conditions at any time without prior notice.

Name

Signature

Date

Membership No