**Entrepreneur Mentor Programme**

**Application**

|  |  |
| --- | --- |
| First Name:  |  |
| Last Name: |  |
| Email: |  |
| Mobile: |  |
| Address: |  |
| City: |  |
| Postcode: |  |
| Company/Organisation: |  |
| Summary Profile/LinkedIn Address: |   |
| Previous/Current History of mentoring: |  |
| Membership of Other Mentoring Networks: |  |
|  |  |
| Experience as a Mentor: |  |
| Opportunities/Industry Sectors of Interest e.g., Healthcare: |  |
|  |  |
| Areas of Expertise e.g., Sales & Marketing:  |  |
| Type of Involvement: |  |
| Referred by: |  |
| Declaration and Agreement:I confirm that I have read, understood and agree to the above statements.Signed:Date:Please return to Jurek Sikorski at jurek.sikorski@henley.ac.uk  |  |