**AHSS Student - Alumni Mentoring Programme**

**2020**

**Student Application**

Students will be accepted into the programme based on their application responses, along with the availability of a Mentor that matches the student’s interests and career goals

**Email completed Application back to** **a.carson@qub.ac.uk** **by 1pm on 13th January 2020**

**Personal Details**

**Name:**

**Student Number**

**Contact Number:**

**Contact Email:**

**Degree:**

**Year of study:**

**Personal Statement**

1. **What attracted you to the Student - Alumni Mentoring Programme? (max 250 Words)**
2. **What specific learning goals/objectives would you like to achieve and how might a Mentor help you achieve these? (max 250 words)**
3. **What are you looking for in a Mentor in terms of experience, knowledge, skills or approach?**

**Career ideas**

1. **What type(s) of graduate job would you like to apply for and have you any longer term ambitions?**
2. **Highlight 5 areas of most importance to you that you would a like a Mentor to discuss with you**

|  |  |  |
| --- | --- | --- |
| Career development | Presentations/Public speaking | Business Start-up |
| Building Networks | Recruitment & Training | Increasing Careerconfidence |
| Resilience | Problem Solving | Someone to Support Me |
| Organisation & Planning | Profile & Visibility | Interviews/Pitches |

The AHSS Student - Alumni Mentoring Programme is to support you as you engage in your career planning and development, it does not constitute professional career guidance. To access this service please contact Careers, Employability and Skills on careers@qub.ac.uk or go to the website at [www.qub.ac.uk/careers](http://www.qub.ac.uk/careers) . If you decide to act upon any information or opportunity provided, it is your responsibility to check out all relevant details.

I understand that this programme does not constitute professional career guidance

Yes No

**CONFIDENTIALITY:** I understand that all information shared between the Mentor and Mentee is confidential

Yes No

I agree that this application will be viewed by the Mentoring Coordinator for the matching process and will be shared with my proposed mentor.

**Signature:  Date:**

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