

# Carmichael.

## Mentor Programme

### Mentee Application/Assessment of Needs Form

Name:	
Address:	
Organisation Name:	
Website:	
Telephone:	
Mobile:	
Email:	
Please indicate the time of day you would most prefer for meetings and your preferred contact method (phone/mobile/email):	

Responses are treated in strict confidence

Please complete and return to [diarmaid@carmichaelireland.ie](mailto:diarmaid@carmichaelireland.ie)

**Please give a brief description of your organisation, its mission and its core activities:**

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**Please give a brief description of your work and the areas or issues that you are seeking help with**

**What outcome would you like to see from this programme?**

**First thoughts on what you would like to discuss with your Mentor?**