





APPLICATION FORM - MENTORS

1.	NAME:				
2.	Age:				
3.	Details of your	organisation/business:			
Ad	dress:				
Te	lephone:	Е	mail:		
Se	ctor of activity:	N	umber of employees:		
4.	Education Leve	·l:			
5.	Main academic subjects studied:				
6.	How long ago h	ave you completed your	studies?		
7.	What is your professional status in the organisation where you are employed?				
	Owner □	Manager/Director 🗖	Employee 🗖		
O	Do you noccos	any professional armonia	ange in the field of social entrepreneurshin?		
ŏ.	Do you possess	any professional experie	ence in the field of social entrepreneurship?		
	Yes 🗖				
	No 🗇				







About your personal qualities, skills and interests

10. Please list below your Skills/expertise you could share with a		particular attention to any areas of		
11. Please list below any of your	Interests/Hobbies you wo	ould like to share with a mentee.		
12. Have you ever been involved	in a mentoring relationsh	ip?		
Yes 🗖				
No 🖵				
If yes, please state in what capacity:				
as a Mentor 🚨				
as a Mentee				
as well as please specify below:				
IMPLEMENTATION MONTH(S)	OFFERED BY	IN THE FIELD OF		
13. What do you hope to gain from	m being an INNOVENTER	mentor?		







About your professional role

14. Please tell us about the organisation that you currently work for or are involved with in a professional capacity.
15. What specific skills/knowledge of your work experience do you hope to share with your mentee, if any?
About your expectations and preferences for a mentee
16. What preferences/expectations do you have which the CCCI should take into account when matching you with a potential mentee?
matching you with a potential mentee?
matching you with a potential mentee? 17. How did you hear about the INNOVENTER project? ☐ from the CCCI
matching you with a potential mentee? 17. How did you hear about the INNOVENTER project?







agree to take part in the INNOVENTER project as a Mentor.
I understand my responsibilities to my Mentee and to the CCCI. \Box
hereby authorise the CCCI to make use of my personal data above for the purposes of my participation in the INNOVENTER pilot phase. \Box
I am informed that photographs and/or videos during the pilot phase events in which I appear may be posted on websites and/or the social media for event coverage purposes. \Box
Upon conclusion of the pilot phase, I have the right to withdraw my consent, I have the right of access, rectification, deletion, portability, limitation or objection to the processing of my data, which I can exercise via submitting an application in writing to the CCCI. I am also entitled to submit a complaint to the Office of the Commissioner for Personal Data Protection".
Date:
Signature: