



Over 45's Entrepreneurs Program 2010
Mentor Profile Questionnaire (Northern Beaches)

Name: _____

Business Name: _____

Business Address: _____

Post Code: _____

Phone: _____ Mobile: _____

Email: _____ ABN: _____

of Employees (addition to owner/s): _____ Annual Turnover (\$): _____

How long have you owned your business? _____

How long have you been managing and employing staff? _____

Have you ever been a mentor? Yes () No () (If so, please provide some brief details)

What products or services does your company provide? _____

What individual specialist skills do you have? _____

How do you believe you may assist your mentoree?

Any other information that might help us match you with your mentoree?

Signed: _____ Print Name: _____

Dated: _____

