

ICTC Emerging Professional Mentorship Initiative (EPMI)

REGISTRATION FORM

I would like to participate in ICTC Emerging Professional Mentorship Initiative (EPMI) as a:

Mentor	
Mentee	

Participant information:

Last name	
First name	
Email address	
Phone number	
Work address	
Preferred language	

Job information:

Title of position	=
Group and level	=
Sector / Service line	=
Directorate	=
Employee status	=

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As a **Mentor**, I am knowledgeable in the following topics: / As a **Mentee**, I would like to know more about the following topics:

Administration and clerical	Ecological sciences	Leadership	
Architecture	Financial Management	Managing in a complex environment	
Archaeology	Human resources	Organizational resilience	
Anthropology	Innovation	Planning (Urban and Rural)	
Communications and marketing	Interpretation	Project management	
Excellence, influence and self-confidence	Landscape Architecture	Social sciences	
Diversity	Legal services	Site management/ Transportation/ Tourist management (The active management of tourists at cultural heritage sites)	
Economics	Long-term planning	Training and education	
Emotional intelligence	Other, please specify:		

Additional questions:

Questions for mentors	Questions for mentees
1. Present yourself – Who are you?	1. Present yourself – Who are you?
2. What is mentoring to you?	2. What is mentoring to you?
3. What do you think you can contribute to a mentee?	3. What would you like from your relationship with a mentor?
4. Why are you interested in becoming a mentor?	4. Please provide a picture of you.

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5. Please provide a picture of you.

Approvals:

Mentors	Mentees
I consent to having the information in this form be shared for the purposes of the EPMI program Print name: Signature: Date:	I consent to having the information in this form be shared for the purposes of the EPMI program Print name: Signature: Date:
I confirm that the above-mentioned employee possesses the competency of cultural tourism and heritage management, and has a performance and conduct that are both fully satisfactory. Name of manager/director/director general: Signature: Date:	I confirm that the above-mentioned employee has a performance and conduct that are both fully satisfactory and can take part in the EPMI Program. Name of supervisor/manager: - Signature: Date: