



## TAFE NSW – South Western Sydney Institute Outreach Mentoring in the Community

### Expression of Interest

Name.....

Address.....

Phone (W)..... (H).....(M).....

Email.....

1. Name of your workplace

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2. Are you sponsored by your workplace to take part in this mentoring program?

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3. What is your position in your workplace? *i.e. manager, team leader*

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4. Does your workplace role include management of staff? *Give brief details*

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5. How will your workplace support your mentoring role? *i.e. time off from work*

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**Break Through** is a partnership between the Live N Learn Foundation, Camden Council, Campbelltown City Council, Liverpool City Council and TAFE NSW - South Western Sydney Institute. This project is supported by funding from the Australian Government under its Community Investment programme.

6. Have you had any experience in working with youth? *Give brief details*

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7. What do you understand by the term 'mentoring'?

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8. What is your availability as a mentor? (*i.e. what days and times are you available?*)

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9. Please nominate two personal referees, who have known you for over 3 years. *Break Through* will contact them for a brief telephone reference regarding your suitability to work with young people.

Name: ..... Contact Number: .....

Name: ..... Contact Number: .....

Please return this form to:

*Break Through* Coordinator

Email: [tracy@livenlearn.com.au](mailto:tracy@livenlearn.com.au)