



APPLICATION FORM – MENTEES

1. Name:

2. Age:

3. Address:

4. Email address:

5. Education Level:

6. Subject (Please, define your subject and if you are studying in which year are you?)

Educational institution:

Year of graduation:

7. Have you ever participated in a mentoring scheme before?

Yes

No

If yes, please specify below:

IMPLEMENTATION MONTH(S)

OFFERED BY

IN THE FIELD OF

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8. How did you hear about the INNOVENTER mentoring scheme?

Cyprus Chamber of Commerce & Industry

Friend /Relative/ Colleague/ Co-student

Media

Other: (please specify)



About your personal qualities, skills and interests:

9. How would you describe yourself in terms of:

- Skills/Personal Qualities (a brief summary of skills/personal qualities, giving particular attention to any areas of expertise you would like to share with an INNOVENTER mentor)

- Interests/Hobbies (List any special interests, including hobbies you could share with an INNOVENTER mentor)

10. What do you hope to gain from being an INNOVENTER mentee?

About your expectations and preferences for an INNOVENTER mentor:

11. What preferences/expectations do you have which the Cyprus Chamber of Commerce & Industry should take into account when matching you with an INNOVENTER mentor?



I agree to take part in the INNOVENTER project as a Mentee.

I understand my responsibilities to my Mentor and to the CCCI.

I hereby authorise the CCCI to make use of my personal data above for the purposes of my participation in the INNOVENTER pilot phase.

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.

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: