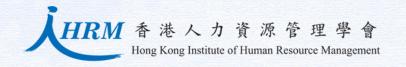
2025/26 Mentorship Programme Application Form - Mentee

Please complete and return the form to membership@hkihrm.org on or before 31 May 2025. Late submissions will not be considered. The following information will be used in the selection process, which will be shared to our mentors.

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Name			Mem	bership No.					
	First Name	Last Name							
Email			Mobile No. (Tick the box for joining WhatsApp Group)						
Residentia	l District		Working District						
No. of Year	s Workin	ng in HR Sector	* HR D	epartment Siz	e (No. of Staff)				
Company			Position						
*The programme is designed for Associate or Student Members with less than 8 years of HR experience at non-managerial level, who are seeking to make progress towards professional goals and broaden business networks.									
Academic	Qualifica	tion							
Name of In	stitution	Designation (e.g. Bachelor of HRM)	Major (e.g. HRM)	Place / Countr	Date of Award				
1. What ar	e respon	sibilities of you	r current job?						
2. What are	vour sho	ort term and long	term career goal	ls in HR? (A ma	x of 150 words)				
	,		3		,				
3. Please c	hoose the	e best words to d	escribe yourself	(A max of 3)					
Adap	otive	Broad-minde	d Commu	nication	Dependable				
Easy	going	Emotional	Extrover	ted	Impulsive				
Intro	verted	Motivated	Optimist	ic	Sympathetic				



	Why are you interested to join this programme and what do you expect to get out of this programme? (A max of 100 words)							
5.	What kind of mentor you are looking for? (Eg. Which Industry, Job Function, Background etc. We will try to match a mentor to suit your need but we cannot guarantee availability.)							
6. Your preferred communication mode								
	Call Email Meeting on weekdays / weekend							
	Instant Message (WhatsApp, Wechat, Signal)							
7. How do you demonstrate your commitment to your mentor?								
8. Do you expect any of the below factor(s) likely to affect the level of your commitment?								
	Study Frequent Travelling Busy Work Schedule							
	Busy Private and / or Family Life Other:							



9. Please rank 1 to 5 on the below areas of expertise you would like to learn /

fu	ırther enhance. (1 is the most imp	ortant an	d 5 is the leas	st important.)			
	Training, Learning and Developm	nent	Reward Man	agment			
	Sourcing and Staffing	Employment Law		Law			
	Employee Engagement		Others:				
	Business Acumen						
	Please select and rank 1 to 5 on th						
	our mentor to help you develop p is the least important.)	rofession	nally. (1 is the	most important and			
		ompetend	cies				
	Business Partner	Strategy Implementer					
	Organisation Development Design	iner	Expert Practi				
	Culture and Change Agent	jiici					
			Others:				
	Executive Competencies						
	Shared Vision	Time Management					
	Decisiveness	Global Perspective					
	Leadership	Relationship Management					
	Strategic Thinking	Cross Cultural Capability					
	Result Oriented		Talent Development				
		Others					
	Career Planning & Development		Knowledge Management				
	Creativity and Innovation		Others:				
Dv. olani	ng of this application form. I dealers that I under	otand the requ	iroment of mentage	as stated and Lam committed to			
	ng of this application form, I declare that I unders ne programme activities during mentoring period if			as stated and I am committee to			
	I reserves the right to suspend, vary or terminate t ditions at any time without prior notice.	:his programm	e or my participation	n and to amend the relevant terms			
Name	е	Signature	Signature Date				
Mem	bership No						