SATORE

Mentorship Application Form

Contact Information:		
Full Name:		
Email:		Contact Number:
Univeristy / Course Detials:		
University:		Course
Year of Gratudation:		Grade or Expected Grade:
Last Work Experience (if appli	icable):	
Employer:		Job Title:
Start Date:	End Date:	
Mentorship Information:		
Mentorship Area:		Do you have any previous mentoring experience? (As a mentor or mentee)

Why are you interested in participating in this mentoring scheme? (200 words max)



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Mentorsh	ip In	form	ation:

Why are you interested in being mentored by someone from Satore (200 words max):

What topics are you interested to explore with your mentor(s) (200 words max):



Mentorship Application Form

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What would be a successful outcome of your participation in this scheme (200 words max):

Mentorship Information:

What are the key challenges you are facing in gaining experience within the industry (200 words max):

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Mentorship Inform	nation
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Is there any further information about yourself or your requirements of the scheme that would be useful	l to
know when matching you with mentor(s) (200 words max):	

Statement of consent:

I confirm that by submitting this application, I would like to participate in this mentorship scheme, and that I have read and understood the principles of the scheme, in particular the criteria for mentees.

I confirm that I consent to the information I have given above being shared with those administering the Satore Studio Mentoring Scheme and understand that this is not a form of employment with Satore Studio.

Please save a copy of this form before emailing it to mentoring@satorestudio.com

Alternatively, if you have any questions please also send them to this email address.

APPLICATION DEADLINE IS: 5pm 6th June 2025