



SUPPLY CHAIN & LOGISTICS
ASSOCIATION OF AUSTRALIA



SCLAA 2015 MENTORING PROGRAM EXPRESSIONS OF INTEREST

I WOULD LIKE TO APPLY AS A:

MENTEE

MENTOR

CONTACT DETAILS:

NAME: _____

PHONE NUMBER: _____ WORK PHONE: _____

MOBILE PHONE: _____

EMAIL ADDRESS: _____

COMPANY YOU WORK FOR: _____

JOB TITLE & BRIEF DESCRIPTION OF YOUR ROLE: _____

WHY DID YOU DECIDE TO APPLY?: _____

Please fill in the above form, scan and email back to qld@sclaa.com.au

PLEASE ENSURE THAT ALL FORMS ARE RETURNED BY FRIDAY THE 29TH OF MAY