

## Enrolment Form for Mentor Program

**Name:**

**Phone:**

**Date:**

**Clinic:**

**Month looking to start program:**

1. Days and times available for 90min face to face sessions with Jo?
2. Would you like to pay in instalments? or up front?
3. What is your main reason for joining the mentor program?
4. Summary of your Physiotherapy career so far, training and work history:
5. Summary of your women's health experience so far?
6. Any particular areas of interest within women's health?
7. Do you have any courses planned, if so what and when?
8. What are you hoping to get out of the mentor program?