



Mentoring Program

Student profile

Student profile

To be completed by the student.

Student name: _____

Home School: _____

Year group: _____ Age: _____

What do you hope to achieve during the mentoring sessions?	
Tell us a bit about yourself. E.g.: hobbies, interests, talents, and likes (both in school and outside of school).	
Do you have any concerns about your participation in the program?	
Do you speak any other languages other than English?	
Is there anything else you would like to tell us?	

Please submit this completed form to Sharleen Mulawin, R/Head Teacher Teaching and Learning, via email: sharleen.mulawin@det.nsw.edu.au .

For further information please contact Sharleen Mulawin at the coordinating office on 1300 287 629 or via email: sharleen.mulawin@det.nsw.edu.au .