

# Application For A Mentor



New Zealand  
**Payroll Practitioners  
Association**

Developing and Supporting  
Payroll Professionals

Please complete this form if you wish to apply to have your own mentor.

## Please complete and return to:

David Jenkins  
Chief Executive Officer  
New Zealand Payroll Practitioners Association  
PO Box 106-590 Auckland 1143

**Phone** (09) 480 6458  
**Fax** (09) 480 6459  
**Mobile** (027) 663 0620  
**Web** [www.nzppa.co.nz](http://www.nzppa.co.nz)

Date of Application

\_\_\_\_\_  
Day Month Year

## Personal Details

First Name

Last Name

Company

Physical Address

Postal Address

Email Address (and website if you have one)

Work Phone Number

Home Phone Number

Fax Number

Are you a NZPPA member?

☐ Yes

☐ No

Do you have any special needs we should be aware of?

☐ Yes

☐ No

If Yes please supply details: e.g. hearing impediment, wheelchair access, English as a second language, etc.

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## Background Information:

- 1.) How long have you been in payroll-related (including human resources, finance, payroll systems, accountancy, management, etc.) positions?

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- 2.) Briefly list your related experience.

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- 3.) In which industry are you currently involved?  
(including human resources, finance, payroll systems, accountancy, management, etc.)

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- 4.) In which other industries have you been involved?

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- 5.) What other background information would help us with your application?  
(e.g. past or present studies, qualifications, project involvement, passions, etc.)

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## Background Information -- Continued:

6.) Please list your special skills and interests.

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7.) What kind of person are you looking for?

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## Payroll Areas / Topics of Interest