Application To Be A Payroll Mentor



Please complete this form if you wish to apply to become a 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			
			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 N	lumber		
	Are you a NZPPA member?					
	Yes No					

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Background Information:

1.) How long have you been in payroll-related (including human resources, finance, payroll systems, accountacy, management, etc.) positions?
2.) Briefly list your related experience.
3.) In which industry are you currently involved? (including human resources, finance, payroll systems, accountacy, management, etc.)
4.) In which other industries have you been involved?
5.) What other background information would help us with your application? (e.g. past of present studies, qualifications, project involvement, passions, etc.)

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Background Information -- Continued:

	6.) What factors would you say contribute to your success in payroll?				
	7.) Please list your special skills and interests.				
	.) What particular strengths do you believe you have to offer in a mentoring relationship?				
	9.) Please indicate the amount of time available for you to participate in the programme. (Hours per month)				
Payroll Areas / Topics of Interest					