



Mentoring in the Fitness Industry

Mentoree Register Application Form

Recreation SA would like to know more details regarding your interest in the mentoring program. Please fax or post to back to Recreation SA to 8232 7188 or 73 Wakefield Street, Adelaide SA 5000

Name: _____

Home/mailling address: _____

Email address: _____

Contact Phone number: _____

I am looking to be mentored in the following:

- | | |
|---|---|
| <input type="checkbox"/> Gym Instruction | <input type="checkbox"/> Aqua |
| <input type="checkbox"/> Freestyle group exercise | <input type="checkbox"/> Chronic illness/Older Adults |
| <input type="checkbox"/> Pre-choreographed group exercise | <input type="checkbox"/> Sales/Customer Service |
| <input type="checkbox"/> Personal training | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Owning a business/partnership | |
| <input type="checkbox"/> Other (please specify): _____ | |

How far are you prepared to travel to be mentored?

What would you like to achieve by being mentored? Are you seeking full time employment?

Is there any other information you would like to provide so that we can best match you to a mentor?

Recreation SA will be in touch with you within 7 days of receiving this form. Thank you for your interest in Recreation SA's 'Mentoring in the Fitness Industry' program.