



INTERNAL MENTOR REGISTRATION FORM

Business Mentor

Technical Mentor

Instructions:

Please fill up the complete form and send to CBIEV email at cbiev@tarc.edu.my

Process:

All registrations will be reviewed by CBIEV.
All interviews may carried out by CBIEV if there is a need.

Disclaimer:

All information provided is confidential and used only for the purpose of matching your experience for mentoring the mentees.

Mentor Name: _____

IC/Passport: _____ **E-mail:** _____

Address: _____

Tel No: _____ **HP No:** _____

Mentoring Experience:

Have you had experience mentoring before? **Yes / No**

If you had experience, please state the type of mentoring capabilities or skills you would like to provide:

If you have not officially mentored before, what experience do you have that lends yourself to mentoring?

What is your experience, if any, with entrepreneurship?

Are you willing to commit 1 – 2 hours every month for mentoring purposes? **Yes / No**

How did you hear of our program?

You need to attend at least one session every month as a member of the panel of judges in the iSpark ideation or/and pitching session.

After acceptance as business/technical mentor, you are required to inform CBIEV your mentoring sessions each week. Each week every mentor has to spend at least 2 hours at the co-working / incubation center.

Each TAR UMT or internal mentor can take up to no more than 2 projects depending on his or her capability and availability.

The information given above is correct to the best of my knowledge and TAR UMT reserves the right to terminate the registration at any time and decision from TAR UMT is final should there be any issue.

Signed By:

Name:
Designation:
Date:

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Recommendation

Signed By:

Dean/Director/Head (with rubber stamp)

Name:
Designation:
Date

.....
For Office Use Only

Comment:

Recommended By:

Approved By:

Name:
Designation:
Date:

Name:
Designation:
Date:

Status: Approved / Not Approved

If Accepted, mentor's Code: _____

Date: _____