



Mentoring Register

Objective:- To link members seeking advice/assistance with appropriate members prepared to provide their time and expertise on a one-on-one basis.

Implementation:- We plan to establish a “Register of Mentors”, members who would be available to provide perhaps 2 x 1hr sessions. Those interested as either a mentor or “mentee” will find this form at www.mentoring@camberwellcameraclub.org.au.

Member’s Name _____ **Email Address** _____

Address _____ **Preferred Contact No** _____

Camera Used	Lens Used:	Software Used
1 _____	Main _____	1 _____
2 _____	Secondary _____	2 _____

Areas of Photographic Interest:

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Portraiture/People | <input type="checkbox"/> Still Life | <input type="checkbox"/> Landscape | <input type="checkbox"/> Architecture |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Panoramas | <input type="checkbox"/> Nature/Animals | <input type="checkbox"/> Monochrome |
| <input type="checkbox"/> Macro | <input type="checkbox"/> Street Photos | <input type="checkbox"/> Other – specify _____ | |

Production of Images

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Printed | <input type="checkbox"/> Digital | <input type="checkbox"/> Photo Books |
| <input type="checkbox"/> All of the above | <input type="checkbox"/> Other-specify _____ | |

I would be prepared to mentor a fellow member in the following area/s -

- | | |
|--|---|
| <input type="checkbox"/> Using their camera | <input type="checkbox"/> Using their software |
| <input type="checkbox"/> The “Areas of Photographic interest” as indicated above | <input type="checkbox"/> All of the above |

OR

I would appreciate assistance in the following area/s

- | | |
|--|--|
| <input type="checkbox"/> Using my camera | <input type="checkbox"/> Using my software |
| <input type="checkbox"/> The “Areas of Photographic interest” as indicated above | <input type="checkbox"/> All of the above |

I would be available:

- | | | | |
|---------------|-----------------------------------|-------------------------------------|-----------------------------------|
| (1) Week days | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings |
| (2) Weekends | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings |

If you interested in participation, please email this form to Peter Pengilly at mentoring@camberwellcameraclub.org.au OR mail to Unit 2 / 35 Iris Road, Glen Iris Vic 3146