

## Application for Society of Will Writers Mentor Training

Name	
Address	
email	
Phone	
Business name	

How long have you been running your business – we prefer you to have at least 3 years' experience?

Would you prefer a mentor who is (please tick one box):

New to profession	
1-2 years in and wanting to stay as 1 person	
2 plus years and wanting to grow significantly	
No preference	

Please tell us about any experiences (good and not so good) you have of mentoring, and/or being mentored.

Why would you like to undertake this training?

Having read all of the details are you able to commit to the whole course and to a long-term mentoring relationship with an SWW member starting their business, or a member who wishes to develop their business further?

A member of the steering group would like a quick call with you before the course starts. Is that ok? During this call, we will book you on the training sessions which will be held by Zoom.