**WDA/EAZWV/EAAV Mentoring Programme**

**Mentoring Sessions Record**

Mentor name:

Mentee name:

Covering the period from: to: \_\_\_\_\_

Date of session:

Location (if f2f) or method (phone, email, Zoom, WhatsApp, Skype, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Topics covered / discussed (brief overview)**

**Any action points / follow-up (for Mentor and/or Mentee)**

**Any areas of concern? If so, what action to take?**