

Sample Invitation Letter to Mentorship Alliance¹

Respectable business leaders, heads of department and community partners,

Invitation for joining Mentorship Alliance of Life Planning Programme

(**School name**) has been promoting the 3-year Life Planning Programme (Programme) since (**School year**) . The Programme aims to provide an all-round life planning education and career guidance to Non-Chinese Speaking (NCS) students. This year, over (**Number of students**) NCS students have signed up to participate the programme, and your organisation / department are now cordially invited to join the Mentorship Alliance and encourage students to draw a relation between their life aspirations and the workplace.

To help our youngsters to develop their career aspirations and understand the actual workplace, the Programme provides school-based trainings to facilitate students' personal growth and work experience in diversified workplaces. We are now inviting different organisations / government departments to provide a one-day / two half-day work experience activities (students can understand the operation of different industries by interacting with practitioners) to guide and encourage students to make long-term plans for their future studies or career development.

We acknowledge your effort in contributing to the society and offering zealous help to the younger generation. You are now cordially invited to join the Mentorship Alliance of this scheme. Certificate of Appreciation will be given to all participating organisations / departments to appreciate your help for NCS students to develop life aspirations. The reply slip (Annex 2) has been enclosed for reference. If your organisation / department is interested in joining the scheme, please fill in the reply slip in Annex 2 and send it by fax to (**school fax number**) or email to (**school email**) within two weeks from the date of issue of this letter. If you have any enquiry about the Programme, please feel free to contact our teacher-in-charge at (**School telephone number**) .Your participation and support are of paramount importance to promote the scheme and we hope to help NCS students with your organisation / department, and build a harmonious and diversified society together. Thank you and we are looking forward to your reply.

(**Principal name**)
Principal
(**School name**)
(**Date**)

Annex 1: Reply slip

¹ The words in blue are for the school's amendment subject to the actual situation.

To: (Name(s) of teacher(s)-in-charge) (Fax number)

From: (Organisation / Department)

Joining Mentorship Alliance of Life Planning Programme

Reply Slip

This organization / department intends to join the Mentorship Alliance of Life Planning Programme and be able to provide collaborative opportunities.

Contact Information of the Company / Department	
Person-in-charge	Contact Person (if different from person-in-charge)
Name: Mr./Ms.*	Name: Mr./Ms.*
Position:	Position:
Contact number:	Contact number:
Email:	Email:
Fax number:	Fax number:
Signature:	Signature:

Mode of Participation (Please put a ✓ in the appropriate box, you may choose more than one option.)			
Career Visit (Half-day activity) Senior practitioners in the field will share their knowledge and experience with students.		Work Experience (a one-day activity / two half-day activities) Students can understand the operating ratio of the field by interacting with practitioners.(maximum 1 practitioner : 5 students)	
<input type="checkbox"/> Intend to provide workplace for students to visit. Quota: <input type="checkbox"/> 5 – 10 students <input type="checkbox"/> 11 – 20 students <input type="checkbox"/> 21 – 30 students <input type="checkbox"/> 31 – 40 students		<input type="checkbox"/> Intend to provide one whole-day / two half-day work experience for students. Quota: <input type="checkbox"/> 5 – 10 students <input type="checkbox"/> 11 – 20 students <input type="checkbox"/> 21 – 30 students <input type="checkbox"/> 31 – 40 students	
Date	PREFERENCE (Please indicate the order of priority in numbers, with '1' meaning the highest priority.)	Date	PREFERENCE (Please indicate the order of priority in numbers, with '1' meaning the highest priority.)
09/2017		09/2017	
10/2017		10/2017	
11/2017		11/2017	
12/2017		12/2017	

Date : _____

*Please delete as appropriate.

² For the words in blue, schools may adjust according to the actual situation.