



MENTEE APPLICATION

PERSONAL AND BUSINESS INFORMATION:

Miss Ms. Mrs. Mr.

Name: _____
First
Middle Initial
Surname

Maiden Name (if applicable): _____

Home Address:

Apartment/Suite No.: _____ Street: _____ Box No.: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone (include area code) Home: _____ Cell: _____

Home Email*: _____

Business Information/Address:

Employer's name: _____

Job Title: _____

Job Duties: _____

Address: _____ Box No.: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone (include area code): _____ Cell: _____ Fax: _____

Work Email*: _____

* Generic email addresses are **not accepted** (i.e.: abcflowers@)

MENTEE INFORMATION:

I am a Technology Professionals Saskatchewan registered professional in good standing: Yes No

A.Sc.T. C.Tech. Registration No.: _____

I am interested in:

Career Investigation (Connecting with a mentor to answer specific questions about a field of interest).

Mentoring Partnership (Connecting with a mentor to assist with career development).

What do you hope to achieve from the mentoring program (e.g., information on job searching, information about a specific field)?

EDUCATION AND TRAINING:

School / College / Institute	Degree / Diploma	Year of Completion Date

NOTE: PLEASE COMPLETE IF YOU ARE AN INTERNATIONALLY TRAINED PROFESSIONAL.

Business Information/Address:

When did you arrive in Canada: _____

Country of Origin: _____

English Language Skill: _____

Have you had your English Language ability assessed? Yes No

Date: _____ Assessor's Name: _____

DISCIPLINE OF ACADEMIC TRAINING:

<input type="checkbox"/> Architectural / Building	<input type="checkbox"/> Environmental	<input type="checkbox"/> Telecommunications
<input type="checkbox"/> Bioscience	<input type="checkbox"/> Forestry	<input type="checkbox"/> Other (please explain)
<input type="checkbox"/> CAD/CAM	<input type="checkbox"/> Geomatics / Survey	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<input type="checkbox"/> Chemical	<input type="checkbox"/> Industrial	
<input type="checkbox"/> Civil	<input type="checkbox"/> Information Technology	
<input type="checkbox"/> Computer	<input type="checkbox"/> Instrumentation	
<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	
<input type="checkbox"/> Electronics	<input type="checkbox"/> Mining / Mineral Resources	
<input type="checkbox"/> Electronic Systems	<input type="checkbox"/> Petroleum	
<input type="checkbox"/> Engineering Design and Drafting	<input type="checkbox"/> Water Resources	

CONFIDENTIALITY:

I agree to respect the confidentiality of the mentoring relationship. Discussions that take place with mentoring shall remain private and will not be shared with anyone without the express written consent of the mentor.

Yes No

Do you give Technology Professionals Saskatchewan permission to share your application with your mentor before meeting with him/her?

Yes No

Do you give Technology Professionals Saskatchewan permission to follow up with you after mentorship for the purposes of program quality assurance?

Yes No

By submitting this application, I certify that the information provided in this application is true and complete to the best of my knowledge. I realize and accept that Technology Professionals Saskatchewan will rely on this information as they undertake a review of my application for the Mentoring Program.

Date: _____
 MONTH DAY YEAR

Signature: _____

Office Use Only:

Date Received: _____

Date Matched: _____

Mentee Name: _____

Mentor Name: _____

Follow-up Date: _____

Notes: _____
