

MENTEE APPLICATION FOR TPS REGISTRANTS

PERSONAL AND BUSINESS INFORMATION:

Name: First	Middle Initial	Surname
Home Address:		
Apartment/Suite No.: S	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 (<i>include area code</i>):	Cell:	Fax:
Work Email*:		
* Generic email addresses	are not accepted (i.e.: abcflowers@)	
MENTEE INFORMATION:		
I am enrolled as an Associate membe	r in Technology Professionals Saskatch	iewan in good standing:
Associate Registration No.:		
I am interested in:	with a mentor to answer specific questio	ns about a field of interest).
Mentoring Partnership (Connecting	g with a mentor to assist with career dev	/elopment).
		i 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 Business Information/Address:	AN INTERNATIONALLY TRAINED PROF	ESSIONAL.
When did you arrive in Canada:		
Country of Origin:		
English Language Skill:		
Have you had your English Language at	oility assessed? 🗍 Yes 🦳 No	
Date:		
Architectural / Building	<u>2</u> . Environmental	Telecommunications
		Other (please explain)
	Geomatics / Survey	
	Information Technology	
Computer		
	Mining / Mineral Resources	3
Electronic Systems	☐ Petroleum	
Engineering Design and Drafting	U Water Resources	
CONFIDENTIALITY:		
private and will not be shared with anyor		ns that take place with mentoring shall rema of the mentor.
Do you give Technology Professionals with him/her?	Saskatchewan permission to share you	ur application with your mentor before meeti

🗌 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:			Signature:
MONTH	DAY	YEAR	
Office Use On	ly:		
Date Received:			
Date Matched:			
Mentee Name:			
Mentor Name:			
Follow-up Date	:		
Notes:			