



## **MENTOR APPLICATION FOR TPS REGISTRANTS**

PERSONAL AND BUSINESS INFORMATIO	<u> </u>			
☐ 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 <b>not</b>	(			
	accepted (i.e.: abcflowers@)			
MENTOR INFORMATION:				
I am a registered professional in Technology Professionals Saskatchewan in good standing:				
A.Sc.T. C.Tech. Registration No.:				
I am interested in:  Career Investigation (Volunteering to mer of interest).	ntor a junior technologist or technicia	an to answer specific questions about a field		
Mentoring Partnership (Volunteering to m assist with career development).	entor a junior technologist or techni	cian, or internationally trained professional to		
What do you hope to achieve from the mentor	ring program (e.g., information on jo	b searching, information about a specific field)?		

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## **EDUCATION AND TRAINING:**

School / College / Institute	Degree / Diploma	Year of Completion Date
DISCIPLINE OF A CADEMIC TRAINING.		
DISCIPLINE OF ACADEMIC TRAINING:	□ For disconsisted	
☐ Architectural / Building ☐ Bioscience ☐	☐ Environmental	Telecommunications  Other (places explain)
☐ CAD/CAM	☐ Forestry ☐ Geomatics / Survey	Other (please explain)
☐ Chemical	☐ Industrial	
	Information Technology	
☐ Computer [	Instrumentation	
☐ Electrical	Mechanical	
☐ Electronics	☐ Mining / Mineral Resourd	ces
☐ Electronic Systems	☐ Petroleum	
Engineering Design and Drafting	☐ Water Resources	
CONFIDENTIALITY:		
I agree to respect the confidentiality of the ment- private and will not be shared with anyone without	•	
☐ Yes ☐ No		
Do you give Technology Professionals Saskatche with him/her?	ewan permission to share y	our application with your mentee before meeting
☐ Yes ☐ No		
Do you give Technology Professionals Saskatche program quality assurance?	ewan permission to follow	up with you after mentorship for the purposes or
☐ Yes ☐ No		
By submitting this application, I certify that the inf knowledge. I realize and accept that Technology review of my application for the Mentoring Program	Professionals Saskatchewa	• • • • • • • • • • • • • • • • • • • •
Date: Day YEAR	Signature:	
Office Hee Only		
Office Use Only:		
Date Received:		
Date Matched:		
Mentee Name:		
Mentor Name:		
Follow-up Date:		
Notes:		

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