



**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: \_\_\_\_\_  
\_\_\_\_\_