



STUDENT APPLICATION FORM

All information in this form will be kept strictly confidential and will be used for internal purposes only.

First Name:

Last Name:

Gender: Male Female

Home Address:

City:

Postal Code:

Work Phone:

Home Phone:

Cell Phone:

Email Address:

Preferred Method of Contact:

MENTORING

I am interested in:

Career Investigation

Short term mentorship involving phone call(s)/email(s) with a mentor to answer specific questions about your field of interest.

Mentoring Partnership

Long term mentorship involving a 4-month partnership with a senior technologist in your field of interest to assist you with career development.

EDUCATION

School

Degree/Diploma

Year in Program

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

FIELD OF INTEREST

Please select your field(s) of interest.

- | | | |
|--|---|---|
| <input type="checkbox"/> Bioscience | <input type="checkbox"/> Forestry | <input type="checkbox"/> Metallurgical |
| <input type="checkbox"/> Building | <input type="checkbox"/> Geoscience | <input type="checkbox"/> Mineral Resources |
| <input type="checkbox"/> Chemical | <input type="checkbox"/> Geomatics | <input type="checkbox"/> Petroleum Resources |
| <input type="checkbox"/> Civil | <input type="checkbox"/> Industrial | <input type="checkbox"/> Other (please explain) |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Information Technology | |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> Instrumentation | |
| <input type="checkbox"/> Engineering Design/Drafting | <input type="checkbox"/> Mechanical | |

CONFIDENTIALITY

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

Yes No

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

Yes No

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

Yes No

How did you hear about us?

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 ASET will rely on this information as they undertake a review of my application for the Mentoring Program.

Office Use Only

Date Received:

Date Matched:

Mentor Name:

Follow-up Date:

Survey Completed:

Please print your application and send it by fax to 780-424-5053 or by email to saran@aset.ab.ca.