



The Association of Science
and Engineering Technology
Professionals of Alberta

Mentee Application

MENTEE APPLICATION FORM

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

First Name: _____ Application Date: _____
 Last Name: _____
 Gender: Male Female
 Address: _____ Home Work
 City: _____ Postal Code: _____
 Phone: _____ Home Work
 Email Address: _____

THE MENTORING EXPERIENCE

I am a student: Yes No

I am an ASET Member in good standing: Yes No

ASET Member Number: _____ Designation: _____

I am interested in...

Career Investigation: Short-term match driven by discipline specific questions

Mentoring Partnership: Long-term match driven by in-depth career guidance

What do you hope to achieve from the mentoring program?

EDUCATION AND TRAINING

School/Institution	Discipline & Degree/Diploma	Year of Completion
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EMPLOYMENT

Current Employer:

Job Title:

Job Duties:

SKILL ASSESSMENT

Please complete if you are an internationally-trained professional.

When did you arrive in Canada?

Country of origin:

English Language Skill:

Have you had your English language ability assessed? Yes No

Date: Assessor Name:

Discipline of @

Please select your top two or three discipline(s) of interest that you would like to meet a Mentor in.

Choose your **first** discipline of interest:

Choose your **second** discipline of interest:

Choose your **third** discipline of interest:

If needed, please provide additional details about your discipline(s) of interest. For example: Civil (Transportation), Electronics (Avionics), Environmental (Water & Soil), etc.

CONFIDENTIALITY

I agree to respect the confidentiality of the mentoring partnership. 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 your 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.

Please SAVE your completed application and submit it by EMAIL to danyac@aset.ab.ca