



SAC Career Development Program Mentee Application

IDENTIFICATION AND PERSONAL INFORMATION

First Name: _____

Last Name: _____

SAC ID Number: _____

Preferred email for this program: _____

Preferred phone number for this program: _____

Strength in English:

- Advanced
- Intermediate
- Beginner/none

Strength in French:

- Advanced
- Intermediate
- Beginner/none

PROFESSIONAL INTERESTS

Age Group(s) of Interest (check all that apply):

- Infant (0-1)
- School aged (5-17)
- Senior (65+)
- Preschool (2-4)
- Adult (18-64)

Practice Setting(s) of Interest (check all that apply):

- Childcare centre
- Corporate setting
- Nursing home and long-term care facility
- Hospital
- Government ministry
- Private practice
- Public health unit
- Regulatory body
- Community health centre
- Correctional facility
- Hearing aid, cochlear implant and other hearing device manufacturer
- Industrial setting
- Patient or client home
- Professional association
- School
- University and college



Speech-Language & Audiology Canada
Orthophonie et Audiologie Canada
Communicating care | La communication à coeur



When possible, SAC will match mentees and mentors with similar interests in terms of age groups and practice settings. Briefly describe any areas of professional interest that you feel are most important for you to share with your mentor. Please also indicate some secondary professional traits that you desire in a mentor:

Please complete and return this form by email (andre@sac-oac.ca) or fax (613.567.2859)