



## SAC Career Development Program Mentor 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

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