



CPA Alberta Mentorship Programs

Mentor Application Form

Registration Process:

1. Review the program policies and guidelines located online at:
<http://www.cpaalberta.ca/Services/Career-Centre/Mentorship-and-Networking-Programs>
2. Determine which program you would like to join:
 - a. Career Development Mentorship Program, or
 - b. Foreign-Trained Professional Mentorship Program
3. Complete and sign the enclosed registration form.
4. Submit your completed form with your signature to:
Fax: (780) 425-8766
Email: mentorship@cpaalberta.ca
5. A staff member will contact you to confirm your application form has been received. At this stage you will be provided with an estimated time for when a suitable match will likely be made.
6. Attend one of the mandatory training sessions.

Mentor Application Form

Section 1 – Program of Choice

Select which of the following program area(s) you are interested in becoming a volunteer mentor for. If you are interested in more than one area, please rank them in order of preference by circling the appropriate number, where 1 is the most preferred.

- ☐ **Foreign-Trained Professional Mentoring Program** 1 2
This program focuses on assisting Mentees, who are internationally trained professionals, navigating through unique challenges and obstacles as they establish their careers in Alberta. The program focuses on the development of soft skills, workplace/employment skills, and the clarification of cultural norms and expectations, with the overarching objective of facilitating career progression. Mentors do not necessarily have to possess similar backgrounds as the Mentee.
- ☐ **Career Development Mentoring Program** 1 2
This program focuses on assisting CPAs in developing a relationship that can yield insights and opportunities to expand one's knowledge of career options, develop or improve upon work-related soft-skills for career progression, and/or to achieve meaningful goals. Mentors provide advice and guidance, as well as share relevant knowledge, perspectives, and experiences with the Mentee.

Section 2 – Personal Information

The following contact and employment information (if applicable) will be shared with your Mentee. The mentorship program is intended to last one year. All personal information will be retained for a reasonable period of time following the one year period that is necessary to fulfill the purposes of the program, but in no event longer than five years. If the Mentor and Mentee mutually agree to continue the relationship beyond the one year program period, we will have no further involvement in that relationship and the participants will be solely responsible for advising their matching Mentor/Mentee if they no longer wish to participate in the program.

First Name:	Last Name:
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Preferred Contact Number: ()

Email address:

Current Employment Sector:
<input type="checkbox"/> Industry <input type="checkbox"/> Public Practice <input type="checkbox"/> Government <input type="checkbox"/> Contract Services <input type="checkbox"/> Education <input type="checkbox"/> Law
<input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Retired <input type="checkbox"/> Other:

Current Employer:

Current Position/Title:

Designation: <input type="checkbox"/> CPA, CA <input type="checkbox"/> FCPA, FCA <input type="checkbox"/> CPA, CMA <input type="checkbox"/> FPCA, FCMA <input type="checkbox"/> CPA, CGA <input type="checkbox"/> FCGA, FCGA
Other professional certification/designations:
<input type="checkbox"/> U.S. CPA <input type="checkbox"/> CA•CBV <input type="checkbox"/> CA•IFA <input type="checkbox"/> CA •CIA <input type="checkbox"/> CA•IT <input type="checkbox"/> CA•CISA
<input type="checkbox"/> CA•CIRP <input type="checkbox"/> CFA <input type="checkbox"/> MBA <input type="checkbox"/> LLB
Other:

The following information is collected for internal purposes to better facilitate an effective match between Mentors and Mentees.

Member #:	Year Canadian Designation First Received:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Country in which training or designation was first received, if other than Canada:	Year foreign designation Received:
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Other Languages spoken:

Preferred Mailing Address:	<input type="checkbox"/> Home <input type="checkbox"/> Business
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City:	Province:	Postal Code:
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Section 3 – Self Assessment

Please read the following list of soft-skills and rate yourself on a scale of 1 to 5 **according to how you perceive your level of ability**. Please be as critical as possible.

	Potential Weakness 1	2	Average 3	4	Core Strength 5
1. Building team rapport/relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Creative thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Critically analyzing and making difficult decisions/course of action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Flexibility/adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Interpreting non-verbal communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Managing projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Negotiation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Providing both positive and constructive feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Providing direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Resolving conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Seeking clarity and asking questions when appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Time management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Verbal communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Working in teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4 – Mentorship Objectives & Background Information

Mentorship Objective(s)

What would you like to gain from mentoring? What are your goals in joining the mentorship program?

Briefly describe what volunteer, vocational or life experiences you possess that may benefit the Mentor/Mentee relationship. For example, understanding the Canadian workplace culture, transitioning into the industry sector, improving confidence building, or helping Mentees identify employment and training opportunities.

Employment Experience

Please provide a brief overview of your career for the past 10 years (not including current information provided in Section 2). Leave blank if not applicable.

Title	Company	Years in Position
1.		
2.		
3.		
4.		

Areas of Expertise

Please check **no more than five areas** of expertise.

- | | | |
|--|--|---|
| <input type="checkbox"/> Acquisitions | <input type="checkbox"/> Forensic Accounting | <input type="checkbox"/> Public Sector Reporting |
| <input type="checkbox"/> Audit & Assurance | <input type="checkbox"/> GST/HST | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Board Reporting | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Review and Compilation Engagements |
| <input type="checkbox"/> Budgeting/Forecasting | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Risk Management & Control |
| <input type="checkbox"/> Business Development | <input type="checkbox"/> Internal Audit | <input type="checkbox"/> Strategy Development & Planning |
| <input type="checkbox"/> Business Valuations | <input type="checkbox"/> Internal Controls | <input type="checkbox"/> Succession Planning |
| <input type="checkbox"/> Contract Management | <input type="checkbox"/> Insolvency & Corporate Recovery | <input type="checkbox"/> Taxation |
| <input type="checkbox"/> Cost Accounting | <input type="checkbox"/> Oil & Gas | <input type="checkbox"/> Teaching/Lecturing |
| <input type="checkbox"/> Corporate Finance | <input type="checkbox"/> Pensions Administration | <input type="checkbox"/> Team Leadership |
| <input type="checkbox"/> Corporate Governance | <input type="checkbox"/> Performance Measures | <input type="checkbox"/> Wealth Management |
| <input type="checkbox"/> Financial Instruments | <input type="checkbox"/> Practice Management | |
| <input type="checkbox"/> Financial Reporting | | |

Volunteer Experience & Business Associations

Please list any volunteer experience or business associations you belong to.

Volunteer Experience	Business Associations
1.	1.
2.	2.
3.	3.

Hobbies or Interests

To help us make the match better, please list any hobbies, interests or extracurricular activities you may have. For example, "I enjoy trying new restaurants," "I am health conscious," "I coach my children's sports team," etc.

☐ Art & photography ☐ Church activities ☐ Community activities ☐ Fishing ☐ Family outings
☐ Gardening ☐ Golf ☐ Music ☐ Outdoor activities ☐ Reading ☐ Travel ☐ Team sports

Section 5 – Mentee Preferences

Would you prefer a Mentee interested in a specific employment sector?

- ☐ Industry ☐ Public Practice ☐ Government ☐ Education
☐ Not-for-Profit ☐ Law ☐ Contract Services ☐ No preference

Would you prefer a male or female Mentee?

- ☐ Male ☐ Female ☐ No preference

Would you prefer a Mentee with a specific legacy designation?

- ☐ CPA, CA ☐ CMA, CMA ☐ CGA, CGA ☐ No preference

Are you willing to mentor someone who is still pursuing their designation?

- ☐ Yes ☐ No

Section 6 – Other Information

The following questions are being asked to establish good character and reputation. If answer is yes to any question below, details and documents must be provided for volunteer consideration.

- a) While registered as a student or member of any accounting institute, association, , society or college, have you ever
- i) had a finding of unprofessional conduct against you through the discipline process of that organization? ☐Yes ☐No
- ii) been involuntarily removed from the register of that organization? ☐Yes ☐No
- b) Have you ever been convicted of a criminal offence of any country? ☐Yes ☐No
- c) At present, do you have any charges outstanding under the criminal law of any country? ☐Yes ☐No

Section 7 – Confidentiality and Acknowledgment

CPA Alberta uses your personal information for the purpose of assessing suitability for the mentorship program's volunteer opportunities, to plan training, to manage the pairing of Mentors and Mentees, to maintain a database of matching areas of expertise and interest for the mentorship program, to operate the mentorship program, and to communicate with you about the program and its activities. We store the personal information you provide on secure computer systems with access controls or in locked filing cabinets. The handling, collection and retention of personal information is governed by our privacy policy, the *Personal Information Protection Act* (PIPA) and the Chartered Professional Accountants Act (CPA act).

CPA Alberta ensures that all mentors and mentees are registrants in good standing with their professional association. You may choose to withdraw from the program at any time by contacting the mentorship coordinator.

By completing this form, and forwarding to CPA Alberta:

- I agree to, understand and have read the principles by which the mentorship program operates.
- I understand that placement with a mentor or the pairing of a mentee will depend on the availability of volunteers and suitable candidates.
- I will not offer or accept any monetary or other remuneration as result of my role as a mentor.
- I acknowledge that CPA Alberta may contact me to verify or discuss any of the information provided in this form.
- I agree that CPA Alberta may search membership records to determine my professional status.
- I acknowledge that the mentors to the program have undertaken the role on a voluntary basis, and therefore understand that CPA Alberta and/or the mentors have no legal responsibility for advice given, acted upon, or rejected. If I intend to rely on any of the advice received, I agree to enter into an engagement agreement with my mentor or another qualified professional.
- I agree to keep confidential the contact details of the mentee(s) assigned to me and I agree not to use the contact information for any purpose other than to foster the mentorship relationship.
- I agree that the CPA Alberta has no responsibility for managing the mentor/mentee relationship beyond the one year term of the program. I agree to destroy personal information provided to me as a result of this program after the one year term ends.
- If my mentee and I mutually agree to continue the relationship beyond the one year program term, I will consent to any request by my mentee at any point to terminate the relationship and I will agree to destroy all personal information provided to me.

Signature

Date prepared

Print Name

Please return this completed form by email or fax to:

Fax: (780) 425-8766

Email: mentorship@cpaalberta.ab.ca

Should you have any questions, do not hesitate to contact Maggie Knight at 403-398-0930 or by email at mknight@cpaalberta.ca.