

**Saskatchewan Association of Social Workers
Saskatoon Branch - Mentorship Program**

Student/New Professional Registration Form

Last Name: _____ First Name: _____

Address: _____ City: _____

Postal Code _____

Phone: (Home) _____ (Work) _____ (Other): _____

Email: _____

Student/New Professional Profile

Have you completed SW 348, mini practicum? **yes** **no**

When did you complete this? _____

Name of agency where you were placed:

Are you a new grad? **yes** **no**

Present employer:

What areas do you do well at? _____

What areas do you feel you need to work on? (i.e. interviewing for employment, mental health assessments, cross-cultural practice etc.)

Time available for participation:

evenings, day, weekends, e-mail

What practice areas would you like to explore?

- | | |
|---|---|
| <input type="checkbox"/> Child Protection | <input type="checkbox"/> Financial Assistance |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Addictions | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Probation | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> Non-profit | <input type="checkbox"/> Community |
| <input type="checkbox"/> Academic | <input type="checkbox"/> Research/Policy |
| <input type="checkbox"/> Other _____ | |

Are you a registered social worker OR student member of SASW? **yes** **no**

What areas of interest are you willing to explore with your mentor? (Be brief and descriptive. Feel free to comment on the other areas

1. _____

2. _____

3. _____

4. _____

5. _____

Please refer to the purpose, goals and guidelines of the Mentorship Program for further information.

SASW accepts no liability whatsoever arising from the conduct of, or assistance provided by, a mentor. Mentors are made available in good faith to support the professional development of those receiving the service.

I, _____, understand the above statement and agree.

Signature: _____

Date: _____

Please return this form to:

SASW Office
2110 Lorne St., Regina S4P 2M5
Email: sasw@accesscomm.ca
Fax: 306.545-1895