Saskatchewan Association of Social Workers Saskatoon Branch - Mentorship Program

Student/New Professional Registration Form

	lame:		_ First Name:	
Audit			City:	
Postal	Code	<u></u>		
Phone	e: (Home)	(Work)	(Other):	
Email	:			
		Student/New Pro	ofessional Profile	
When	•	•	m? □ yes □ no	
	rou a new grad? ent employer:	yes □ no		
What	areas do you do well	at?		
	areas do you feel you sments, cross-cultu	ral practice etc.)	nterviewing for employment,	
	available for particip	ation		

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

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refer to the purpo ation.	se, goals and guidelines of the Mentorship Program for further
ation.	
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accepts no liabi	lity whatsoever arising from the conduct of, or assistance prov s are made available in good faith to support the professiona e receiving the service.
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accepts no liabi nentor. Mentors opment of those	e receiving the service. , understand the above statement and agree.
accepts no liabi nentor. Mentors opment of those	sare made available in good faith to support the professional ereceiving the service.