

MENTOR PROFILE

Name				
Gender	Male □	Female □	Non-binary \square	
City				
Province				
Email				
Preferred English	d Language of Commu ☐ French ☐	nication (check Other □ Pleas	, , , ,	
Title and	Employer			
Years of Experience				
Areas of Industry Experience				
Educational Background				
Profession	onal Affiliations			
Tell us something about yourself that you would like to share with your mentee $(e.g.\ interests,\ volunteering,\ etc.)$				
MENTEE PREFERENCES				
Mentee Location (select all that apply) Same city □ Same Province □ Canada □ International □				
Number of mentees: One \Box Two \Box Three \Box				



Mentoring topics/discussion areas

CONSENT

	ant I may be asked to provide feedback about the Mentoring aluation and improvement. I understand that my name will report.
□Yes, I consent	□No, I do not consent
provide feedback about my ex	ourse of or at the end of the program I may be asked to perience which may be used to promote the program. I not be used unless I authorize PDAC to do so.
□Yes, I consent	\square No, I do not consent
Participant's signature	