

VRA CANADA MENTORCONNECT MENTEE APPLICATION FORM

Name:

Contact Information:

Phone:

Email:

Location:

Society :

Membership #:

Self employed: Y / N

Your job title:

Explain what you do in a few sentences:

If you aren't self-employed, who is your employer?

Designations, Certifications and Degrees:

Designations, Certifications and Degrees you are currently pursuing:

Years in the Field:

Once completed please submit form to info@vracanada.com

Areas of Interest:**Disciplines:**

- Vocational Assessment
- Vocational Evaluation
- Case Management
- Legal
- Employment Counselling
- Return to Work
- Job Development
- Vocational and Income Research, Resources and Analysis
- Expert Testimony
- Cost of Care Planning
- Other (please specify)

Corresponding Domains for continuing education:

1. Vocational Rehabilitation Theory and Practice
2. Aspects of Disabilities
3. Vocational Interviewing and Counselling
4. Vocation Rehabilitation Assessment and Evaluation
5. Diversity and the Vocational Rehabilitation Professional
6. Job Placement and Development
7. Disability Management and Case Management
8. Ethical and Professional Conduct
9. Communication and Record Keeping

Preferred Methods for mentoring:

- Group Mentoring in a Topical Zoom Room Webinar
- Individual Mentor

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Indicate up to three learning goals you have for this mentorship.

Why do you want to take part in the MentorConnect program?

What are you looking for in a mentor?

What other training have you already undertaken in relation to your mentorship request?

Is there a specific mentor you have in mind or may have already talked to about this mentorship opportunity?

Where did you learn about the MentorConnect program?

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