

**HRPA DURHAM CHAPTER
MENTORSHIP PROGRAM APPLICATION FORM**

In order to facilitate the matching of persons wishing to take on the respective roles of mentor or protégés, you are asked to complete the following information that will be used by the Chapter’s membership committee as part of its mentorship program. Partnerships are based on the response from prospective mentors and protégés (while we retain the right to limit numbers if necessary). **The deadline for applications to is Monday, February 20, 2012 at 5:00 p.m.**

Please note that members must belong to the Durham Chapter, must be working in Human Resources and cannot be a Full Time Student.

Are you currently working in a HR role? yes no
 If the answer is no, have you recently been employed in a HR role? yes no

Personal information	
Last name _____	First name _____
Address _____	
Phone _____	E-mail _____
Durham Chapter member <input type="checkbox"/> Yes <input type="checkbox"/> No	Membership # _____
Preferred contact: <input type="checkbox"/> Personal <input type="checkbox"/> Employer	Membership category: <input type="checkbox"/> CHRP <input type="checkbox"/> Practitioner <input type="checkbox"/> General <input type="checkbox"/> Honourary <input type="checkbox"/> Part time Student
Professional information	
Employer _____ Job Title _____	
Address _____ City/Town _____ Postal Code _____	
Phone _____ Email _____	
If you are applying for the role of mentor, please complete the following information	
HR experience includes: <input type="checkbox"/> Generalist - Number of years __ / <input type="checkbox"/> Specialist – Number of years _____ Area(s) of HRM expertise includes (check all that apply): <input type="checkbox"/> HR planning <input type="checkbox"/> Staffing <input type="checkbox"/> Training & Development <input type="checkbox"/> Compensation <input type="checkbox"/> Benefits & Pensions <input type="checkbox"/> Employee Relations <input type="checkbox"/> Labour Relations <input type="checkbox"/> Health and Safety <input type="checkbox"/> Global HR Management <input type="checkbox"/> Diversity /Equity <input type="checkbox"/> Organization Development <input type="checkbox"/> Relocation <input type="checkbox"/> Strategic Planning	
In addition to the specific HR program experience, please describe what other skills, abilities, knowledge and experience you would bring to a mentoring relationship. 	
Your preference for a protégé in terms of years of their present level of career experience? <input type="checkbox"/> New graduate <input type="checkbox"/> Less than 2 years of experience <input type="checkbox"/> 2-5 years of experience <input type="checkbox"/> More than 5 years experience	
If you are applying for the role of protégé, please complete the following information	

Have you participated in a mentorship program before? Yes No

If "yes" when? _____

Desired HR protégé experience includes: Generalist Specialist

Desired sector: For profit Not-for-Profit Government

Type of employment setting:

- | | | |
|---|---|--|
| <input type="checkbox"/> Natural Resources | <input type="checkbox"/> Media/Communications | <input type="checkbox"/> Retail/Commercial |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Health Care | <input type="checkbox"/> Education |
| <input type="checkbox"/> Retail/Merchandising | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Other |

Area(s) of HRM experience desired (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> HR planning | <input type="checkbox"/> Staffing | <input type="checkbox"/> Training & Development |
| <input type="checkbox"/> Compensation | <input type="checkbox"/> Benefits & Pensions | <input type="checkbox"/> Employee Relations |
| <input type="checkbox"/> Labour Relations | <input type="checkbox"/> Health and Safety | <input type="checkbox"/> Globalization |
| <input type="checkbox"/> Diversity /Equity | <input type="checkbox"/> Organization Development | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Strategic Planning | | |

What specific goal(s) do you seek to meet in a mentoring relationship at this time?

The Declaration and Reference sections must be completed by both Mentors and Protégés.

Declaration:

I, _____, hereby agree to adhere to the professional code of ethics (By-law #) and rules of professional conduct (By-law #) as set out by the HPPA of Ontario. I also consent the commitments to my designated role in the mentoring program as captured in the program's guidelines. I authorize the Durham Chapter to conduct reference checks for persons I have identified herein. I further acknowledge that information collected by the HPPA of Durham Chapter's mentorship program is for the sole use of matching mentors and protégés and the information will not be shared outside of the Membership Committee of the Chapter. I also understand that the Chapter board of directors may direct that a mentoring partnership under the sponsorship of local chapter may be ended at its sole discretion. Finally I acknowledge that my application to participate in the program may not lead immediately to a mentoring partnership due to the supply and demand of designated mentors and protégés

Signature _____

Date: _____

References

All applicants: please list three professional references

- 1. Name _____ Phone # _____
Title _____ E-mail _____
Company _____ Years known _____

- 2. Name _____ Phone # _____
Title _____ E-mail _____
Company _____ Years known _____

- 3. Name _____ Phone # _____
Title _____ E-mail _____
Company _____ Years known _____

Additional Comments:

Please attach additional pages as necessary for any section on this application.

**Please return all pages to the HRPAD Chapter Office
via fax to 905-436-6291 or scan and send to email@hrpad.adminedge.com
The deadline for applications is Friday, January 27, 2012 at 5:00 p.m.**