

CPA ALBERTA CAREER DEVELOPMENT MENTORSHIP PROGRAM

2020 MENTOR PROGRAM APPLICATION FORM



Section 1 – Personal Information

Application Type:

First Name: _____ Preferred Name: _____
Last Name: _____
Email: _____ Contact Number: _____
City: _____
Gender: Choose an item. Pronoun: Choose an item.
Member or Candidate Number: _____
Designation Type: Choose an item.
Year CPA Designation Received: Choose an item.
Other Designations/ Credentials: _____
Year of Foreign Designation Received: Choose an item.
Current Title: _____
Current Employer: _____
Organisational Level: Choose an item.

Section 2 – Introductory Professional Summary

Sample: *I am a CPA with an expertise in internal audit. Over the last 5 years I have worked in public practice and government. I obtained my designation in 2012 working for a Big 4 firm. After working for 7 years in Public Practice I assumed a role in internal audit with a large utility company. I received 2 promotions in 5 years and then was headhunted into my current position as a Senior Manager of Compliance with a...*

CPA ALBERTA CAREER DEVELOPMENT MENTORSHIP PROGRAM

2020 MENTOR PROGRAM APPLICATION FORM



Section 3 – Confidentiality and Acknowledgment

CPA Alberta uses your personal information for the purpose of assessing suitability for the mentorship program's volunteer opportunities, to plan training, to manage the pairing of Mentors and Mentees, to maintain a database of matching areas of expertise and interest for the mentorship program, to operate the mentorship program, and to communicate with you about the program and its activities. The handling, collection and retention of personal information is governed by our privacy policy, the Personal Information Protection Act (PIPA) and the Chartered Professional Accountants Act. CPA Alberta ensures that all mentors and mentees are registrants in good standing with their professional association. You may choose to withdraw from the program at any time by contacting the mentorship coordinator.

By completing this form, and forwarding to CPA Alberta I agree to:

- The principles by which the mentorship program operates according to the Mentorship Handbook.
- Committing and average of 1-2 hours per month for a period of one year (in-person, phone and/or virtually).
- Completing follow up CPA Mentorship surveys in a timely manner.
- I understand that the mentorship pairing of will depend on the availability of volunteers and suitable candidates.
- I will not offer or accept any monetary or other remuneration as result of my role as a mentor.
- I acknowledge that CPA Alberta may contact me to verify or discuss any of the information provided in this form.
- I agree that CPA Alberta may search membership records to determine my professional status.
- I acknowledge that the mentors to the program have undertaken the role on a voluntary basis, and therefore understand that CPA Alberta and/or the mentee(s)/mentor(s) have no legal responsibility for advice given, acted upon, or rejected. If I intend to rely on any of the advice received, I agree to enter into an engagement agreement with my mentor or another qualified professional.
- I agree to keep confidential the contact details of the mentee(s)/mentor(s) assigned to me and I agree not to use the contact information for any purpose other than to foster the mentorship relationship.
- I agree that the CPA Alberta has no responsibility for managing the mentor/mentee relationship beyond the one year term of the program.

CPA ALBERTA CAREER DEVELOPMENT MENTORSHIP PROGRAM

2020 MENTOR PROGRAM APPLICATION FORM



- I agree to destroy personal information provided to me as a result of this program after the one year term ends.
- If my mentee/mentor and I mutually agree to continue the relationship beyond the one year program term, I will consent to any request by my mentee/mentor at any point to terminate the relationship and I will agree to destroy all personal information provided to me.
- Relationship termination clause: In the event that either party finds the mentoring relationship unproductive and requests that it be terminated, CPA agrees to honor that individual's decision without question or blame. However, I acknowledge that it is expected that the termination of the relationship is managed by the mentee/mentor in a professional manner with appropriate business acumen and notice will be provided to the appropriate counterpart and to CPA.

Signature _____
Print Name _____
Date _____

Please email your form with your resume or career summary to mentorship@cpaalberta.ca