

**Saskatchewan Association of Social Workers  
and  
Faculty of Social Work, University of Regina  
– Mentorship Program-**

**Student/New Professional Registration Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Other): \_\_\_\_\_

Email: \_\_\_\_\_

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**Student/New Professional Profile**

Have you completed SW 348, mini practicum?  **yes**  **no**

Name of agency: \_\_\_\_\_ When? \_\_\_\_\_

Are you a new grad?  **yes**  **no** Present employer: \_\_\_\_\_

What areas do you do well at? \_\_\_\_\_

What areas do you feel you need to work on? (i.e. interviewing for employment, mental health assessments, cross-cultural practice etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time available for participation (i.e. evenings, day, weekends, e-mail only, etc)

\_\_\_\_\_

What practice areas would you like to explore?

- |   |   |
|---|---|
| <input type="checkbox"/> Child Protection | <input type="checkbox"/> Financial Assistance |
| <input type="checkbox"/> Hospital         | <input type="checkbox"/> Mental Health        |
| <input type="checkbox"/> Addictions       | <input type="checkbox"/> Nursing Home         |
| <input type="checkbox"/> Probation        | <input type="checkbox"/> Private Practice---  |
| <input type="checkbox"/> Non-profit       | <input type="checkbox"/> Community            |
| <input type="checkbox"/> Academic         | <input type="checkbox"/> Research/Policy      |
| <input type="checkbox"/> Other _____      |   |

Are you a student member of SASW?  **yes**  **no**

What areas of interest are you willing to explore with your mentor? (Be brief and descriptive. Feel free to comment on the other areas)

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

Please refer to the purpose, goals and guidelines of the Mentorship Program for further information.

*The SASW, the Faculty of Social Work and the Social Work Mentorship Program accept no liability whatsoever arising from the conduct of, or assistance provided by, a mentor. Mentors are made available in good faith to support the professional development of those receiving the service.*

I, \_\_\_\_\_, understand the above statement and agree.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return this form to:

Social Work Office, Room 456, Education Building  
Faculty of Social Work - University of Regina  
University of Regina  
Regina, SK S4S 0A2