

Women of STAC Mentee Enrollment Form

The following are the criteria for applicants:

- Currently employed by STAC Member company or currently enrolled in a relevant training or academic program to join the telecom industry

Applicant Information

Full Name:	
Address:	
Street:	
City:	
Province:	
Postal Code:	
Phone #	
Email address:	

Select which option best applies to you:

Student/Recent Grad	
Telecom Professional	
New to Industry	
Other, please specify	

Company Name or Name of Post-Secondary Institution:	
Current Position or Current Program (# of years):	

Are you a member of the Women of STAC Committee?	
How did you hear about the Women of STAC Mentorship Program?	

Please tell us a little bit about yourself:

Professional and/or educational background (check all that apply):

Engineering	
Marketing	
Management	
Communications	
Safety/Health and Safety	
Human Resources	
Technical Drawings	
Rigging/Field Technician	



Other, please specify:	
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Please indicate areas you would like to focus on for this mentoring relationship (check all that apply):

Career planning	
Networking and profile building	
CVs and applications	
Leadership skills (people management)	
Leadership skills (business management)	
Promotion and progression	
Managing challenging situations and conversations	
Public speaking/presentation skills	
Work-life balance	
Other, please specify:	

Are there specific expectations you have for your participation as a mentee?

Is there a type of mentor you would prefer to be matched with (i.e. someone in the same field; someone who speaks French)?

Is there else you could share that would help us connect you with the best match?





Any interests or hobbies you would like to share? (eg. professional or personal)

If you had to describe yourself and/or your interests in keywords (Eg. *Hardworking, adventurous, passionate foodie*):

Is there anything else you want to tell us about yourself, your career path or background? (Eg. *What are your career goals? What do you hope to achieve as a mentee? Are there specific areas you would like to grow into?*)

Please include your preferred availability for group mentorship meetings and one-on-one meetings with your mentor (Eg. *Tuesday afternoons*):

By checking this box, you consent to STAC using your name and image on STAC social media, the STAC website and the STAC newsletter in any marketing related to the mentorship program.

Signature _____

Date (dd/mm/yyyy): ____ / ____ / 2023