



2019 CIPMM PROCUREMENT AND MATERIEL MANAGEMENT MENTORSHIP PROGRAM APPLICATION FORM

DEADLINE TO SUBMIT OCTOBER 10, 2018

Canadian Institute for Procurement and Materiel Management / Institut canadien d'approvisionnement et de gestion du matériel

If you would like to participate as a mentee, please fill out the following form. Information will be kept confidential and will only be shared with the CIPMM Mentorship Committee.

MENTEE INFORMATION

Name: [] Job Title: []
Department: [] Address: []
Email: [] Phone: [] Language preference: [] English [] French []
Years of Experience: [] My main focus is on: [] Procurement [] Materiel Management [] Fleet Management [] All mentioned [] Other []

MANAGEMENT COMMITMENT

I, [] (Manager name) understand that if accepted, [] (employee name) will be participating in the 2019 CIPMM Mentorship Program which will require monthly attendance (in person within the NCR or by tele/videoconference for regional participants) to a two-four hour monthly mentorship session with a senior procurement leader in the Government of Canada. Other time commitments may include an orientation session, one breakfast learning event and a graduation ceremony. As a manager, I will commit to:

- Ensure the employee is given the necessary time away from work to participate fully in activities
• Provide encouragement to the employee throughout their development within the program
• Financial support in the form of providing taxi chits, access to tele/videoconference, etc.. (if required) and the \$399 registration fee

Manager's signature [] Date []

MENTEE REGISTRATION - \$399+HST

Mentee Registration fee includes : mentorship package, Meet and Greet Reception, Networking Events during the program.

ADDITIONAL INFORMATION

Are you willing to commit to 2-4 hours every month from November 2018 – June 2019? [] Yes [] No

Have you been a mentee (informally or in a program) before? [] Yes [] No

If yes, please describe your experience:

[]

Work History (from most recent employment, last two positions):

Table with 3 columns: Dates, Departments, Positions held/Group and level

Please indicate learning goals you would have for this mentoring relationship:

1) []
2) []
3) []

PAYMENT METHOD

Please complete, sign and date the registration form. Pay by cheque or credit card.

INVOICE ME []

CHEQUE ENCLOSED (PAYABLE TO: CIPMM C/O THE WILLOW GROUP)

AMERICAN EXPRESS [] MASTER CARD [] VISA []

CARD NUMBER [] CCV [] EXPIRY DATE []

CARDHOLDER'S NAME []

CARDHOLDER'S SIGNATURE [] DATE []

Registration Policies

By completing this application form, you agree to the goals and purpose of the Mentorship program. CIPMM encourages an open exchange of information and ideas between members participating in the program. However, CIPMM cannot and does not review such communications and does not guarantee or endorse the accuracy of any information exchanged between mentor and mentee.

You agree that you will participate in the Mentorship program in a manner consistent with the CIPMM Mission and Vision. You further agree to completely release CIPMM, and its directors, from all claims, judgments, demands, liabilities, and actions that you may have arising out of, or in any way relating to, your participating in the Mentorship program.

I agree with the above terms, conditions, and goals of the Mentorship program, and understand that it is a responsibility of all members of the procurement and materiel management community to conduct themselves in a manner that brings credit to them, their profession and departments and organizations they represent.

Cancellation Policy: No refunds will be issued. However, we will accept substitutes before October 24th, 2018

Applicant's signature

Date []

Submit this form to admin@cipmm-icagm.ca