



2024 CIPMM PROCUREMENT AND MATERIEL MANAGEMENT MENTORSHIP PROGRAM APPLICATION FORM

DEADLINE TO SUBMIT JANUARY 31ST, 2024

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 2024 CIPMM Mentorship Program which will require monthly attendance (by tele/videoconference) 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 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 access to tele/videoconference (if required) and the \$499 registration fee

Manager's signature _____ Date _____

MENTEE REGISTRATION - \$499+HST

Mentee Registration fee includes : mentorship package, Learning and Networking Events during the program.

ADDITIONAL INFORMATION

Are you willing to commit to 3-4 hours every month from February 2024 - November 2024 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):

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.

Applicant's signature

Date

Submit this form to admin@cipmm-icagm.ca