



2020 CIPMM PROCUREMENT AND MATERIEL MANAGEMENT MENTORSHIP PROGRAM APPLICATION FORM

Canadian Institute
for Procurement
and Materiel
Management

Institut canadien
d'approvisionnement
et de gestion
du matériel

DEADLINE TO SUBMIT OCTOBER 8, 2019

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 2020 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 3-4 hours every month from November 2019 – June 2020? 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. However, we will accept substitutes before October 8, 2019

Applicant's signature

Date

Submit this form to admin@cipmm-icagm.ca