



*A Mentoring Initiative to Improve the Employability of People with Disabilities*

## Protégé's Sign-up Form

### Protégé's Information:

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### Protégé's MentorAbility Experience Information:

What are your interests?

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What kinds of business would you like to learn more about?

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Do you have any workplace experience?

Yes  No

What is your highest level of education?

High School  College and/or Trade  University  Other

Business and Work Choice #1 \_\_\_\_\_

Business and Work Choice #2 \_\_\_\_\_

Name of MentorAbility Coach or Facilitator:

\_\_\_\_\_ Phone \_\_\_\_\_





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**Protégé's Statement of Participation:**

As a Protégé participating in the MentorAbility Canada Project, I agree that:

I am interested in learning about career options and opportunities in my community.

YES  NO

In order to be successful, I need these accommodation(s):

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**Protégé's Authorisation:**

I give permission to the MentorAbility Canada Project to use information about my MentorAbility experience, including photographs and videos to promote and document the MentorAbility Canada Project.

YES  NO

I agree to give feedback about my MentorAbility experience to help inform evaluation and to improve this program.

YES:  by telephone  by survey

NO: I don't want to give feedback

**Protégé's Signature:** (Protégé's Parent or Guardian, if applicable)

\_\_\_\_\_ Date \_\_\_\_\_

**Provincial Coordinator (Hub) Contact Information:**

Email \_\_\_\_\_ Phone \_\_\_\_\_

Canadian Association for Supported Employment 1-800-684-5628

