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MENTEE APPLICATION-QUESTIONNAIRE

Personal information

Name: _____ RMT#: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____ Cell: _____
Fax: _____ Email: _____

Business info (if different from above)

Name: _____ RMT#: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____ Cell: _____
Fax: _____ Email: _____

How long have you been practicing massage therapy? _____
Do you work part-time or full-time? _____

Tell us about your practice

Do you work with other massage therapists? _____
Are you self-employed? _____

How would you rate yourself (on a scale of 1 to 10) in the following areas?

1= poor 3= intermediate 7= knowledgeable 10= very knowledgeable

Business management ____, marketing ____, hands-on technical skills ____,
therapeutic relationships ____, ethics and standards of practice ____, assessments
and writing assessment reports ____.

In what areas of your practice do you feel you need guidance? _____

Would you be willing to commit two nights a month for a five-month peer-mentoring programme facilitated by your mentor, and be willing to share your thoughts and participate in group discussions with others who are confronting similar issues? _____

Are there any potential conflicts that could arise and interfere with your ability to participate in this project? _____

Do you have any comments or concerns that you would like addressed before you commit to participating in this program? _____

Please submit a brief essay (paragraph) stating why you feel you are a good candidate for our mentoring program.

Signed: _____ Date: _____