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MENTOR APPLICATION-QUESTIONNAIRE

Personal information

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

Business info (if different from above)

Personal information

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 or health professionals? _____

Are you self-employed? _____

Do you practice any other modalities other than therapeutic massage? If so please list the modality and how long you have been practicing it: _____

Do you have any formal or informal training in mentoring? Have you ever been a mentor or mentee (formal or informal)? Please elaborate: _____

What skill do you feel you possess that would make you a suitable mentor? _____

What would you say are your areas of expertise? _____

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 _____.

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

Will you be willing to attend a conference on mentoring? _____

Do you have any comments or concerns that you would like addressed before you
commit to being a mentor? _____

Please submit a resume and/or brief essay (paragraph) stating why you feel you are
a good candidate for our mentoring program or if you have any background
information or education (optional).

Signed: _____ Date: _____