

DEMOGRAPHICS

What is your mentoring start date? \_\_\_\_\_

How old are you?

18-24 years     25-34 years     35-44 years     45-54 years     Over 55 years     Prefer not to say

Are you?

Male     Female     Other, please specify: \_\_\_\_\_     Prefer not to say

What year did you move to Canada? \_\_\_\_\_ What year did you move to Alberta? \_\_\_\_\_

Are you still living in Alberta?     Yes     No

EMPLOYMENT INFORMATION

How many hours do you usually work each week?

Employed full-time (30+ hours a week)     Employed part-time (less than 30 hours a week)  
 Self-employed     Full-time parent/caregiver  
 Unemployed

Were you employed at the start of the mentorship program?     Yes     No

What work did you work train for in your home country? \_\_\_\_\_

Are you currently working in the profession that you trained for?     Yes     No

Is this job your:     Career aspiration     A fulfilling job     A survival job

What is your current job and position? \_\_\_\_\_

Did you find or change jobs since completing mentorship?     Yes     No

Have you been looking for a job since completing mentorship?     Yes     No

EMPLOYMENT SKILLS

	Not at all confident ← → Very confident				
How confident are you currently about your ability to:	1	2	3	4	5
Look for jobs in Canada.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Find a job in the field or profession that you trained for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete a Canadian resume.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to an interview.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to local networking events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Build a professional Canadian network.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fit into a Canadian workplace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# MENTORSHIP EXIT SURVEY

PROGRAM EVALUATION

How often did you and your mentor meet? \_\_\_\_\_

This amount of time was:       Too much       Just right       Too little

What is one thing that you would do to improve the mentorship program?

What was one thing that you found most helpful during the mentorship program?

These statements reflect my mentorship experience:	Strongly Disagree ←			→ Strongly Agree	
	1	2	3	4	5
I felt a personal connection with my mentor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My mentor and I could communicate well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My mentor helped me set achievable goals and action steps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My mentor made me feel empowered to make career decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned about Canadian workplace culture during mentorship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that the mentorship program was a valuable experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentoring helped me achieve the job or career of my choice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>