



NOVA SCOTIA BARRISTERS' SOCIETY

Women Lawyers Mentoring Program Application Form

Date:

Personal Information:

Please note that if your contact information changes over the next year, be sure to advise the Mentoring Program Committee.

Name:

Firm or Organization's Name:

Phone Number: (work) _____ **(home)** _____

E-mail address:

Work Circumstances:

- Private Practice/Law Firm
- Private Practice/Sole Practitioner
- Government Lawyer
- In-house Lawyer
- Non-Practising
- Articled Clerk
- Other (please specify) _____

Year of Call (articling clerks give month and year of call date): _____

Areas of Practice:

- | | |
|---|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Civil Litigation | <input type="checkbox"/> Mediation/ Arbitration |
| <input type="checkbox"/> Commercial - Lending | <input type="checkbox"/> Motor Vehicle Litigation |
| <input type="checkbox"/> Commercial - Other | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Corporate | <input type="checkbox"/> Securities |
| <input type="checkbox"/> Creditor Remedies | <input type="checkbox"/> Tax |
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Wills & Estates |
| <input type="checkbox"/> Family | <input type="checkbox"/> Immigration |

Other (please specify)

Do you have a preference for the geographic location of your mentor/mentee and if so, what is it?

Program Information:

Please indicate whether you are applying to be a mentor or mentee:

- Mentor (nine or more years at the bar)
- Mentee (eight or less years at the bar)

Matching Information:

Mentees:

Please indicate what areas of interest you have as a mentee: (check all applicable)

- Professional goals
- Developmental goals
- Business
- Marketing
- Work/Life Balance
- Other (please specify)

Please indicate any specific attributes you are looking for in a mentor: (check all applicable boxes and please add specifics as appropriate)

- Experience as a mentor
- Personal Background
- Diversity
- Has children
- Type of practice (please list)_____
- Other

Are there any firms or organizations that you prefer not to work with due to conflict, or for any other reason? If yes, please list them.

If there is not a suitable mentor in your area, are you willing to participate in the mentoring pair as a member of a long-distance pair, and to work with someone over the telephone or via email?

- Yes No

Mentors:

Please indicate what areas of interest you have as a mentor: (check all applicable and please add specifics as appropriate)

- Business
- Marketing
- Work/Life Balance
- Practicing while having children
- Areas of practice
- Other (please specify) _____

Are there any firms or organizations that you prefer not to work with due to conflict, or for any other reason? If yes, please list them.

If there is not a suitable mentee in your area, are you willing to participate in the mentoring pair as a member of a long-distance pair, and to work with someone over the telephone or via email?

- Yes No