

**NOVA SCOTIA BARRISTERS' SOCIETY
MENTOR PROGRAM**

MENTOR QUESTIONNAIRE

NAME: _____

FIRM: _____

ADDRESS: _____

SIZE OF FIRM: _____

AREAS OF PRACTICE: _____

COMMENTS: _____

Please return completed Questionnaire to:

The Administrator, Qualifications and Member Services
Nova Scotia Barristers' Society
Suite 1101, 1645 Granville Street
Halifax, Nova Scotia
B3J 1X3