



**PEER MENTORING APPLICATION
(MENTOR APPLICATION)**

Please submit to: peermentoring@cna.nl.ca

Student Name: _____ Student #: _____

E-Mail: _____ Phone #: _____

Program of Study: _____

Are you a returning student? Yes No

Campus: _____

List any relevant experience and/or reasons for interest in becoming a Peer Mentor:

What method(s) would you prefer as a Mentor to connect with your Mentee?

In-person Online Both

If I am selected to be a Peer Mentor, I understand that I will have to participate in a short training module on Peer Mentoring before becoming a Peer Mentor? I agree I disagree

College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). Student Services is collecting your personal information to process this peer mentor application. It will only be used for this purpose. This personal information may be disclosed to faculty and student requesting a tutor. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the Associate Vice-President of Student Services at 709-454-2617. For more information about the ATIPPA please visit www.cna.nl.ca/about/atippa.asp.

I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.

Mentor (Student) Signature

Date