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*Specializing in Physiotherapy, Practitioner Mentorship & Community Engagement*

Amish Patel PT Services (APPTS)

MENTORSHIP PROGRAM REGISTRATION FORM

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **CONTACT INFORMATION** | | | | | | | | | | | |
| First Name: |  | | | | Address: | |  | | | | |
| Last Name: |  | | | | City: | |  | | Province | |  |
| Email: |  | | | | Phone Number: | |  | Postal Code: | |  | |
|  | | | | | | | | | | | |
| **EDUCATION** (Enter all that apply) | | | | | | | | | | | |
| College, Year: | | Institution: | | | | | Degree: | | | | |
| Undergraduate, Year: | | Institution: | | | | | Degree: | | | | |
| Masters, Year: | | Institution: | | | | | Degree: | | | | |
| Doctorate, Year: | | Institution: | | | | | Degree: | | | | |
| Current Student, Year: | | | Institution: | | | | Degree: | | | | |
|  | | | | | | | | | | | |
| **PRACTITIONER INFORMATION** | | | | | | | | | | | |
| Profession: | | | | | Practicing for:  0-1 yr  1-3 yrs 3-5 yrs  5-8 yrs  8+ yrs | | | | | | |
| Current Title: | | | | Company Name: | | | # years/months: | | | | |
| City: | | | | |
| Training Background: | | | | | | | | | | | |
| Where did you receive your training?  Canada (Ontario)  Canada (Prov: )  USA (State:       ) Other: | | | | | Institution name: | | | | | | |
| Year: | | | | | | |
|  | | | | | | | | | | | |
| **MENTORSHIP PROGRAM[[1]](#footnote-1) INFORMATION** | | | | | | | | | | | |
| Anticipated start date:    /  / | | | | | | Briefly describe your reason(s) for seeking mentorship? | | | | | |
|  | | | | | |
| What topics are you most interested in?  Salary/Compensation  Contracts & Negotiation   License Protection & Ethics College Audit Prep   WSIB and MVA industry Professional Development | | | | | |
| Where did you hear about the program?  Website:        Friend School Other: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **PAYMENT OPTIONS[[2]](#footnote-2)** | | | | | | | | | | | |
| Credit Card – Name on card:  VISA/MC #:  Expiry Date (yr/month):     /   Security Code (3 digits): | | | | | | | Electronic Money Transfer (EMT)  Send to: physiotherapist.ap@gmail.com | | | | |

Date:      Signature:

1. A one-year subscription to the mentorship program is $500 +HST. Cost includes (but not limited to) monthly meetings in person or via phone. [↑](#footnote-ref-1)
2. Payment is due upon registration. Payment is non-refundable. An email will be sent to you upon receipt of payment to confirm your enrolment in the mentorship program. [↑](#footnote-ref-2)