



eshnr

European Society of
Head and Neck Radiology

ESHNR MENTORING PROGRAMME

Mentor Application Form (3-year term)

PERSONAL INFORMATION

First name	Last name
Hospital/Institute	
Street, number	
Postal Code	Town/City
Country	
Phone	
Email	



eshnr

European Society of
Head and Neck Radiology

ESHNR MENTORING PROGRAMME

Mentor Application Form (3-year term)

FURTHER INFORMATION

1 Number of years practising independently at consultant level (minimum 5 years) _____

2 What is your main motivation to be a mentor for the ESHNR?

3 Have you been a mentor previously or undertaken training in mentoring?

Yes

No

Give us a few details:

4 Which areas would you particularly be able to help with in a mentoring programme?

Check all that apply and feel free to add comments/specific skills.

Research skills (e.g. grant application, writing papers, statistics, submitting papers for publication)

Educational advice (e.g. fellowship advice, ESHNR diploma preparation, courses to recommend)

Clinical work (e.g. how to initiate and improve multidisciplinary meetings, protocols)

Career development and planning (e.g. work-life balance, organization, networking)

Other skills and attributes (e.g. resilience, communication, assertiveness, leadership, organization)



eshnr

European Society of
Head and Neck Radiology

ESHNR MENTORING PROGRAMME

Mentor Application Form (3-year term)

DISCLAIMER AND CONDITIONS

The information provided on this form will be used by ESHNR to aid the matching to a mentee. Please confirm your understanding and acceptance of the statements below, and sign to complete the application form.

- I understand that the mentee will give feedback about the mentoring process when it is completed, which ESHNR will use to improve the mentorship programme.
- I allow for my contact details to be shared with a suitably matched mentee should the ESHNR be able to match me.
- I allow that as a mentor my details will be published on the ESHNR website.
- I commit to a virtual meeting a month for at least the first four months of the mentoring programme.
- I accept ESHNR's data protection policy as stated on the ESHNR website.
- I confirm that I am an ESHNR member in good standing.

PERSONAL INFORMATION

Full name

Place & date

Signature