ESHNR MENTORING PROGRAMME

for medical students and junior trainees

Mentee Application Form (6-month term)

PERSONAL INFORMATION Please complete in block capitals.

First name | Last name

Street, number

Postal Code | Town/City

Country

Phone

Email

Alternative Email (important – please supply)

PROFESSIONAL INFORMATION Please complete in block capitals.

Hospital/Institute/University

Street, number

Postal Code | Town/City

Country

Training supervisor or Head of department (full name)

Phone

Training supervisor or Head of department email

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FURTHER INFORMATION

1 I confirm being anywhere between a first year medical student to a third year radiology trainee. ☐

If you confirm question 1, please indicate in which student/training year you are:

2 What aspects of head and neck radiology are you interested in learning about?

3 Have you been a mentee within a mentoring project already?

☐ Yes ☐ No

Give us a few details:

4 Which areas would you particularly benefit from as part of the mentoring programme?
Check all that apply and feel free to add comments.

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

☐ **Educational advice**

☐ **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)

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DISCLAIMER AND CONDITIONS

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

☐ I understand that the mentor 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 mentor should the ESHNR be able to match me.

☐ I confirm that my local educational/training supervisor or head of department has agreed to my involvement in the ESHNR mentoring programme.

☐ I accept ESHNR's data protection policy as stated on the ESHNR website.

☐ I confirm that I am an ESHNR student member in good standing. Please apply for/renew your membership as student **before** applying: https://eshnr.eu/membership/application-renewal/

PERSONAL INFORMATION

Full name	Place & date
Signature	