



eshnr

European Society of
Head and Neck Radiology

ESHNR MENTORING PROGRAMME

Mentee Application Form (1-year 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	
Street, number	
Postal Code	Town/City
Country	
Training supervisor or Head of department (full name)	
Phone	
Email	



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FURTHER INFORMATION

1 At what stage are you in your career? Trainee Early years consultant level

2 What is the biggest professional challenge you face?

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 (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)



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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 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