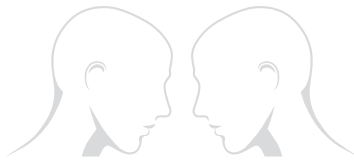


# ESHNR MENTORING PROGRAMME

Mentor Application Form (3-year term)

## PERSONAL INFORMATION

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



# ESHNR 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?

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

Yes

No

Give us a few details:

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**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)

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

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

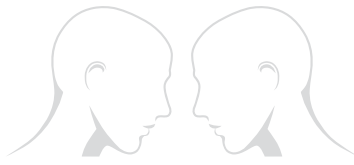
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**Career development and planning** (e.g. work-life balance, organization, networking)

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

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# 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