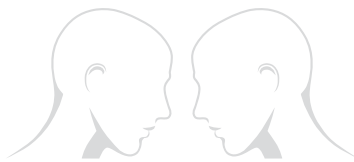


ESHNR MENTORING PROGRAMME

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?

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 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	