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

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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)

_____

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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	