Application form for regional mentoring session

Please fill out the form below and email it to members@anaesthetists.org

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| **First name:** |  |
| **Surname:** |  |
| **Association membership number:** |  |
| **Email:** |  |
| **Telephone/mobile:** |  |
| **Name of hospital:** |  |
| **Hospital address:** |  |
| **Region/city where you’d like to attend a mentoring session:** |  |
| **When would you like to attend a mentoring session? (List potential dates):** |  |
| **Reason for requesting a mentoring session:** |  |

Once you’ve specified your chosen region, the Association will contact 2-3 mentors to check their availability. Please tick the option you prefer below:

* Choose who you would prefer to see out of these 2-3 mentors **[ ]**
* Let the Association select an appropriate mentor on your behalf and put you directly in touch with them **[ ]**

*The Association of Anaesthetists will contact several mentors in your region before we discuss matching you with one based on current mentor availability and your preferences. We avoid matching mentees with mentors in their own hospital unless this is specified as a preference. Once we’ve discussed the matching process with you, we’ll put you in contact with your mentor. Between you, you’ll arrange an appropriate time and place to meet for your first session. Your mentor will begin a discussion with you about confidentiality, a potential working agreement, and the expectations of both parties relating to the mentoring sessions. More information will be sent out to you once we receive this booking form.*