Application form to become a mentor for the Association mentoring scheme

Please complete the following:

\*First name:..............................................................................................................................................

\*Surname:.................................................................................................................................................

Association membership number: ...........................................................................................................

Email:........................................................................................................................................................

\*Name of hospital:...................................................................................................................................

\*Hospital address:....................................................................................................................................

Telephone/mobile:...................................................................................................................................

\*Region where you work/geographical area where you could offer mentoring:........................................  
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Skills and experience:

Please describe your previous mentoring experience and the particular approach or model you usually follow:  
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Please list any mentor training you have undertaken and any mentoring/coaching qualifications that you hold:  
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Your availability:

Please provide information on the time you would be willing to contribute to the scheme:

\*I could offer ……............ sessions per month lasting about ……...........hr/s.

I would be available as a mentor for taster sessions at Association events. Please tick:

|  |
| --- |
| Winter Scientific Meeting London – January (Westminster, London) 🖵 |
| Trainee conference – June (rotates round the country every year) 🖵 |
| Annual Congress – September (rotates round the country every year) 🖵 |

Declaration:

🖵 I will be able to fulfil the criteria to become an Association mentor as [listed in the criteria](http://www.anaesthetists.org/Home/Wellbeing-support/Mentoring/Become-a-mentor).

🖵 I will tell the Association if a complaint is made about me to the GMC or the organisation in which I work begins an investigation of me.

By completing the application form I am consenting to have my contact details (name, surname, name of hospital and hospital location) listed on the Association website.

Signed: ............................................................. Date: .......................................................................

Return by email to: members@anaesthetists.org

*\*this information to be completed for publication on the website*