**PEdSIG Mentor Application Form**

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| Full Name |  |
| Designation |  |
| Location |  |
| Contact details (email, telephone number) |  |
| Preferred way for mentee to contact you |  |
| A bit about you  (Your paediatric education experience, interests, ongoing projects, what you can offer as a mentor)  *N.B. this is what trainees will read about you when deciding whether to approach you to request mentorship.* |  |
| Previous mentoring experience |  |
| Who would you like to mentor? (students, foundation doctors, junior/senior trainees, academic trainees etc). |  |
| How many students/trainees are you willing to mentor? |  |
| Do you consent for your details to be posted in the private area of the PEdSIG Website? | YES  NO  (delete as appropriate) |