

Mentor form

|  |  |
| --- | --- |
| Name |  |
| Email |  |
| Location |  |
| Place of work |  |
| Job title |  |

Areas of interest/knowledge

|  |  |  |  |
| --- | --- | --- | --- |
| Appraisal/revalidation |  | Sabbaticals  |  |
| Leadership |  | Mentoring new consultants  |  |
| Independent hospice  |  | Supporting trainees  |  |
| Hospital support  |  | Research  |  |
| NHS Hospice |  | Outcome measures |  |
| Less than full time working |  | Non-malignant  |  |
| Complaints |  | Other |  |

Other:

Please provide a short statement about yourself covering:

* Professional life - background and current posts, including challenges faced through professional life if appropriate to your role as a mentor
* Mentoring experience
* Availability (it is expected that that there would be a mixture of face to face and email/telephone contact)

Statement: