# South West Postgraduate Medical Education

# **South West Mentoring Programme**

# **Registration of Interest – Mentee**

# **CONFIDENTIAL**

|  |  |
| --- | --- |
| Your name: |  |
| Gender: |  |
| Your email address: |  |
| Geographical area you work in: |  |
| Telephone number: |  |
| Interests and hobbies: |  |
| Availability (days of the week, times) |  |
| Would you be willing to travel to another locality for your mentoring sessions? If so, please specify where. |  |
| What kind of experience / personal qualities are you looking for in a mentor? |  |
| Please add some information about yourself as background for your mentor  (e.g. your speciality, any information about your career, your professional and personal development that you would like to share and the kind of qualities you are looking for in a mentor. Please continue overleaf if necessary) | |
|  | |

***Please note: None of the information given will be forwarded to any third party without your consent. Unless otherwise requested, matching to suitable mentors will take place by the programme organiser for a trial period, after which arrangements can be reviewed.***

Please complete and return this form to [Mentoring.SW@hee.nhs.uk](mailto:Mentoring.SW@hee.nhs.uk)

or by post to:

Mentoring Coordinator

Professional Support Unit Administrator

Health Education South West, Peninsula Postgraduate Medical Education

Plumer House, Tailyour Road, Plymouth, PL6 5DH

Please contact [Mentoring.SW@hee.nhs.uk](mailto:Mentoring.SW@hee.nhs.uk) if you have any queries or require further information.