We would love to receive your expression of interest to become a GOSH mentor. Please complete and return to: mentoring@gosh.nhs.uk. You will then be contacted to discuss your information further.

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| **Title** |  |
| **First name \*** |  |
| **Last name \*** |  |
| **Role \*** |  |
| **Band \*** |  |
| **Department \*** |  |
| **Directorate\*** |  |
| **Clinical background \*** |  |
| **Telephone number \*** |  |
| **Alternative telephone number** |  |
| **E-mail address \*** |  |

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| **Why would you like to become a GOSH mentor?** | | This information will be used to help match you to mentees. |
| **Tell us about your mentoring experience:**  **Have you ever mentored before? If so please give general details e.g. extent, have you received training previously etc.** | |  |
| **I would be able to provide mentoring in the following areas – please indicate all that apply: \*** | Helping support career progression  Specific areas / professions: please indicate  Returning to work after a long absence e.g. sickness, maternity  Mentoring an Apprentice Provide a better understanding the NHS  Manage transition to a new role or helping to prepare for promotion  Preparing a self-development plan  Helping to increase mentee profile / network  Dealing positively with change e.g. new ways of working  Supporting staff considering / involved in research  BAME Mentors only: Mentoring a BAME member of staff (if specifically requested)  Other – please specify | |

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| **I am available and would prefer my mentoring to take place: on the following days: \*** (please tick all that apply) | Monday  Tuesday  Weds  Thursday  Friday  Other days / times– please specify: |

**Equal Opportunities Monitoring**

**If you wish to disclose your personal information we will use this only to evaluate mentoring uptake. Information will be used anonymously and will not be linked with your name or any other personally identifying information.**

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| **Are you: \*** | Male ( or trans male)  Female ( or trans female)  Non binary  I do not wish to disclose |
| **What is your age group? \*** | Under 20  21 - 44  45 - 64  Over 65  I do not wish to disclose |
| **What is your ethnic group? \*** | African Bangladeshi British white Caribbean Chinese Indian Irish white Pakistani White and Asian mixed White and Black African mixed White and Black Caribbean mixed Other Asian or Asian British Other Black or Black British Other mixed Other white Other ethnic group I do not wish to disclose |
| **Please indicate your religion or belief \*** | Atheism  Buddhism  Christianity  Hindhuism  Islam  Jainism  Judaism  Sikhism  Other  I do not wish to disclose |
| **Please indicate which term would best describe your sexuality \*** | Bisexual  Gay  Heterosexual  Lesbian  I do not wish to disclose |
| **Do you have a disability? \*** *A disabled person is defined in the Disability Discrimination Act as someone with a physical or mental impairment that has a substantial and long term impact on their ability to carry out day-to-day activities* | Yes  No |
| **If you answered yes, and would like to, please indicate the nature of your disability (tick as many as are applicable)** | Dyslexia/Learning disability Blind/Partially sighted  Deaf/Hearing impairment  Mobility difficulties  Personal care  Mental Health condition  Unseen disability (e.g. diabetes, epilepsy, asthma)  Multiple disabilities  Autistic Spectrum Disorder (incl Asperger's Syndrome)  Other, please specify: |