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 progressionSpecific areas / professions: please indicateReturning to work after a long absence e.g. sickness, maternity Mentoring an ApprenticeProvide 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 workingSupporting staff considering / involved in researchBAME 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? \*** | AfricanBangladeshiBritish whiteCaribbeanChineseIndianIrish whitePakistaniWhite and Asian mixedWhite and Black African mixedWhite and Black Caribbean mixedOther Asian or Asian BritishOther Black or Black BritishOther mixedOther whiteOther ethnic groupI 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 disabilityBlind/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:   |