Please complete this expression of interest if you would like to request a mentor and return to mentoring@gosh.nhs.uk. You will be contacted to discuss your request further and explore how we can support you. Please note requests for mentoring should be supported by your line manager.

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| --- | --- |
| **Title** |    |
| **First name \*** |  |
| **Last name \*** |  |
| **Role \*** |  |
| **Band \*** |  |
| **Department \*** |  |
| **Directorate \*** |  |
| **Clinical background \*** |  |
| **Telephone number \*** |  |
| **Alternative telephone number** |  |
| **E-mail address \*** |  |
| **Name of your line manager \*** |  |
| **Line manager e-mail address. They will be contacted as part of your application to ensure they are aware of this request** |  |

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| **Please tell us a little about what you hope to gain from being mentored:** | This information will be made available to potential mentors to help them decide whether they would be well placed to mentor you. |
| **Are you looking for:**  | A GOSH mentor An NHS mentor from outside GOSH (e.g. through the NHS London Leadership Academy)No preference or don’t know |
| **What is your main reason for asking for mentoring (this information is needed so we can match you to a suitable mentor or direct you outside GOSH if necessary): \***  | Develop my career (career progression)Specific areas / professions: Please stateReturning to work after a long absence e.g. sickness, maternity leaveReceiving mentoring during an apprenticeshipIncrease my understanding of the NHS Manage my transition to a new role or prepare for promotion Prepare my self-development plan Involvement in or increasing my research knowledge / activity Increasing my profile / network Dealing positively with change e.g. change of working practiceOther – 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 – any other days or times work best for you? Please tell us more: |

**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:   |