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.

|  |  |
| --- | --- |
| **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 state  Returning to work after a long absence e.g. sickness, maternity leave  Receiving mentoring during an apprenticeship Increase 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 practice  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 – 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? \*** | 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: |