



Women Ophthalmologists Society

Mentee Application Form

- Name: _____
- Address: _____
- E-mail address: _____
- Contact no: _____
- Your availability (Days & Time) : _____
- Work location: _____
- Home location: _____
- Job title / Designation : _____
- Educational Qualification(s): _____
- Organization: _____
- Gender: _____
- Marital Status: _____
- Age :
 - 25 – 30 years
 - 31 – 40 years
 - 41 – 50 years
 - 51 – 60 years
 - > 61 years

- Best time to contact you : _____
- Best way to contact : SMS/ Mail / Phone / Others (specify)

- Have you been a mentee before: _____.
If Yes,
Since when ? _____
In what speciality / field _____.

- Why do you want to become a mentee ?

- Please indicate your interested styles of mentoring :

- One to one mentoring
- Peer to peer mentoring
- Short term / Long term / Goal oriented mentoring
- E-mentoring
- Speed mentoring
- Group mentoring

- Your areas of interest : (Tick all applicable)

- Academics / Teaching
- Clinical development
- Surgical training
- Research
- Administration
- Technical issues
- Career guidance
- Leadership development
- Communication skills
- Manuscript writing
- Presentation skills
- Balancing personal & professional life
- Any other, pl. Specify _____

- Reasons for your current setback / obstacles _____

- Have you participated in a similar mentoring programme before ?

- Describe the type of person you would like to be paired with, in terms of skills, knowledge and experience : _____

- Expectations from a mentor: _____

- Briefly provide a summary of your career so far (Skill and experience) :

- Professional associations and affiliations : _____

- Preferred method of communication with the mentor (Tick all applicable) :

- Face to face
- Skype or similar

- E-mail
- Social networking
- Phone

- I understand that registering for the Mentoring Program does not necessarily guarantee participation in the mentoring program if a suitable Mentee match is not found.
- I am willing to contribute sufficient time to improve my skills and expertise and follow the advices and guidance of my mentor for self development.
- I understand that the relationship with the mentor shall be learning based. The Mentoring Program is not an employment placement program.

Any and all information submitted will be treated as confidential and will not be used for purposes other than to determine a strong match between Mentor and Mentee.

Sign

Date