



# Women Ophthalmologists Society

## Mentor application form

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- E-mail address: \_\_\_\_\_
- Contact no: \_\_\_\_\_
- Your availability ( Days & Time ) : \_\_\_\_\_
- Work location: \_\_\_\_\_
- Home location: \_\_\_\_\_
- Job title / Designation : \_\_\_\_\_
- Organization: \_\_\_\_\_
- Gender: \_\_\_\_\_

- 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 mentor before: \_\_\_\_\_.

If Yes,

Since when ? \_\_\_\_\_

In what speciality / field \_\_\_\_\_.

No. of Mentees guided : \_\_\_\_\_

- Why do you want to become a mentor ?
-

- 
- 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 for mentoring : ( 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 \_\_\_\_\_
  
  - How many mentees would you like to be associated with at a time ?
    - 1
    - 2
    - Any number
    - Variable
  
  - Describe any additional experience / ability that you feel would be of interest / use to your mentee: \_\_\_\_\_
  
  - 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 : \_\_\_\_\_
  
  - Briefly provide a summary of your career so far ( Skill and experience ) :  
\_\_\_\_\_  
\_\_\_\_\_
  
  - Professional associations and affiliations : \_\_\_\_\_

- Preferred method of communication with the mentee ( 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 and share my skills and expertise for the development of the mentee.
- I understand that my Mentee has volunteered for the Program and that the relationship is 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