

**NHSE/I BNSSG Extended Mentee Scheme Application Form**

*Thank you for your interest in contributing to this scheme. Please complete the form below and return to Sarah Ballisat, scheme lead at:* [*trina.leskiw@nhs.net*](mailto:trina.leskiw@nhs.net)

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Date of Application |  |
| Name |  |
| Email Address |  |
| Mobile Number |  |
| GMC Number |  |

**PRACTICE DETAILS**

|  |  |
| --- | --- |
| Employing Practice Name and Address |  |
| Role at Employing Practice (Salaried GP/GP Partner) |  |
| Number of Clinical Sessions Employed Per Week |  |
| Practice Manager Name |  |
| Practice Manager Email Address |  |
| Primary Care Network |  |

*Thank you for sharing this information with the BNSSG Training Hub. We will store your information securely, and will only use it to contact you with information regarding the supporting mentors scheme. We will not share your personal details with third parties.*

**APPLICATION FORM**

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| --- | --- |
| Please tell me a bit about yourself – I.e. what stage you are in your career, do you have any specialist interests? | |
|  | |
| * What are you hoping to gain from having a mentor? for example: * You have recently CCT’d and are new to independent practice; * Want to change roles or pursue new career opportunities; * Return to practice after a career break; * Want to develop and progress within your current role; * To make the most of your appraisal and revalidation; * Are preparing for a job interview; * Are wishing to develop knowledge and skills in a particular area i.e. research; * Wish to seek assistance and develop skills to solve work-placed problems; * Are planning for or seeking a leadership role | |
|  | |
| Are you able to be part of this scheme for at least a year? | YES/NO |