**FPM THRIVE APPLICATION FORM**

Please refer to the *FPM Thrive mentoring scheme guidance* document before completing this form. Completed forms should be submitted to [contact@fpm.ac.uk](mailto:contact@fpm.ac.uk)

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| **Name:** |  | **GMC number:** |  |
| **Job title:** |  | **Hospital/Trust** |  |
| **Address:** |  | **Time in post:** |  |
| **Email:** |  | **Telephone number:** |  |

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| **Which of the following roles would you be interested in taking in this scheme?** | | |
| Mentor | Mentee |  |

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| **Please tick the specific areas that you think you can mentor in (tick all that apply):** | |
| **General help/advice** |  |
| **Inpatient pain** |  |
| **Transitional pain clinics** |  |
| **Pain psychology** |  |
| **Pain management programs** |  |
| **Neuromodulation** |  |
| **Pain interventions** |  |
| **MDT clinics** |  |
| **Pelvic pain management** |  |
| **Cancer pain management** |  |
| **Paediatric pain management** |  |
| **Management/leadership within pain** |  |
| **Research/academic pain** |  |
| **Pain education/ Essential Pain Management (EPM)** |  |

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| **Please tick the specific areas that you think you can mentor in (tick all that apply):** | |
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| **Pain psychology** |  |
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| **Pain education/ Essential Pain Management (EPM)** |  |

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| **Please tell us what you are hoping to gain from the scheme, and any specific requirements that you have:** |
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| **If you would like to be mentor, please tell us about any relevant experience that you have:** |
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| **Do you consent for your details to be stored on the Faculty database, and being shared with other FPM Thrive mentoring scheme users that you are matched with?** | Yes  No |