

Buddying/Mentoring scheme application form

Please refer to the *Buddying/Mentoring scheme guidance, terms and conditions* document before completing this form. Completed forms should be submitted to contact@fpm.ac.uk

Name:		CRN:	
Job Title:		Hospital/Trust:	
Address:		Time in post:	
Email:		Telephone number:	

Which of the following roles would you be interested in taking in this scheme? (tick all that apply)		
Buddy	Mentor	Mentee

<p>Tell us what you are hoping to get out of the scheme and any specific requirements that you have. Please see guidance for further instruction. If you would like to be a Mentor, tell us about any relevant training that you have.</p>

Do you consent for your details to be stored on the Faculty database and shared with other Mentoring/Buddying scheme users that you are matched with?	
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