**Mentee Application Form**

**Please return your completed application to** **mentoring@batod.org.uk**

**1. Personal Details**

|  |  |
| --- | --- |
| **First Name:** |  |

|  |  |
| --- | --- |
| **Surname:** |  |

|  |  |
| --- | --- |
| **Address:** |  |

|  |  |
| --- | --- |
| **Email address:** |  |

|  |  |
| --- | --- |
| **Telephone No.** |  |

|  |  |
| --- | --- |
| **Job Title:** |  |

|  |  |
| --- | --- |
| **Place of Work:** |  |

|  |  |
| --- | --- |
| **BATOD Membership details:** |  |

|  |
| --- |
| Do you have any special access or communication needs, such as an interpreter, please write details below: |

**2. Mentee Information**

|  |
| --- |
| **Please give a brief description of the main duties of your current post:** |
|  |

|  |
| --- |
| **What specific learning goals/objectives would you like to achieve and how might a mentor help you achieve these?** |
|  |

|  |
| --- |
| **What are you looking for in a mentor in terms of experience, knowledge, skills or approach?** |
|  |

|  |
| --- |
| Are there any **restrictions** on your participation?For example: time, conflict of interest, technology |
|  |

|  |
| --- |
| Are you happy to receive mentoring support in the following ways?Tick all that apply. |
| * Video call
* Telephone
* BSL
* SSE
* Spoken English
 |

**3. Line Manager Details**

|  |  |
| --- | --- |
| **Name:** |  |

|  |  |
| --- | --- |
| **Job title:** |  |

|  |  |
| --- | --- |
| **Email:** |  |

|  |  |
| --- | --- |
| **Telephone:** |  |

**4. Declaration**

I understand that to be involved I need to:

* have discussed my application with my line-manager
* follow the guidelines set-out in the agreement in relation to confidentiality and safeguarding (Please refer to the BATOD privacy statement on the BATOD website)
* inform BATOD when the mentoring has come to an end and participate in the evaluation of the programme

I consent to BATOD holding my data in order to contact me about my participation in the Mentoring Programme, in line with BATOD Data Protection Policy.

|  |  |
| --- | --- |
| **Signed:** |  |
| **Date:** |  |