# Community Mentoring Program

## Expression of Interest (Mentee)

### Contact Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | Position: |  |
| Organization: |  | | | |
| Dept / Faculty: |  | | | |
| Phone: |  |  | Mobile: |  |
| Email: |  | | | |

### Mentee Preference

I am interested in (you can choose both):

|  |  |  |
| --- | --- | --- |
|  |  | CMP One-on-one mentoring, i.e. 1 mentor, 1 mentee |
|  |  |  |
|  |  | C²MP collaboration across a number of institutions with (for example) 2 mentors and several mentees |

### Goals & Contribution

What specific goal will you achieve by participating in the Mentoring Program?

|  |
| --- |
|  |
|  |
|  |

What do you think you can contribute most to the mentoring relationship?

|  |
| --- |
|  |
|  |

### Brief Biography

Provide us with a brief biographical sketch that will assist us in matching you with a mentor.

|  |
| --- |
|  |
|  |
|  |
|  |

### Preferred Mode of Working

Do you have any preferred modes of working with your mentor?

|  |
| --- |
|  |
|  |
|  |

### Preferred Type of Mentoring

Describe the type of mentoring that you would prefer, or the desirable characteristics of the mentor that might meet your needs.

|  |
| --- |
|  |
|  |
|  |

### Specific Mentor

Do you have a preference for a specific mentor? If so, please identify them:

|  |
| --- |
|  |
|  |
|  |

### Completed Applications

Please forward your completed applications to the ascilite Secretariat: [secretariat@ascilite.org](mailto:secretariat@ascilite.org)