# Community Mentoring Program

## Expression of Interest (Mentor)

### Contact Details

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

### Mentor Preference

I am interested in (you can choose both):

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

### Goals & Contribution

In what areas would you be willing to provide mentoring? Please indicate relevant qualifications or experience.

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### Similar Experience

Outline briefly any previous experience of this, or other, models of professional mentoring.

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### Contribution

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

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### Brief Biography

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

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### Preferred Type of Mentoring

Do you have any preferred modes of working with your mentee(s)?

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### Completed Applications

Please forward your completed applications to the ascilite Secretariat: secretariat@ascilite.org