# Community Mentoring Program

## Expression of Interest (Mentee)

### Contact Details

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

### Mentee 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

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

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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 mentor.

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### Preferred Mode of Working

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

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### 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.

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### Specific Mentor

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

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### Completed Applications

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