**Your details**

|  |  |
| --- | --- |
| Name |  |

|  |  |
| --- | --- |
| FMLM membership number |  |

|  |
| --- |
| In which FMLM region are you based? (Please tick) |
| □ England – North  | □ England - South  | □ England – London  | □ England – Midlands and East |
| □ Scotland  | □ Northern Ireland  | □ Wales  | □ Armed Forces |

|  |
| --- |
| Career stage (please tick; more than one might apply) |
|  |  |
| Undergraduate medical or dental student | □ |
| Doctor or dentist in Postgraduate Training (including Foundation Years) | □ |
| General dental practitioner or dental specialist  | □ |
| Accredited GP (on GMC GP Register)  | □ |
| Accredited specialist (on GMC Specialist Register)  | □ |
| Specialty, Staff Grade or other doctor not on Specialist or GP Register | □ |
|  |
| Employed primarily in a clinical role, with team leader responsibilities | □ |
| Employed part time in a formal leadership or management role | □ |
| Employed primarily in a formal leadership or management role | □ |
|  |  |
| Self-employed working as a sole independent practitioner or partner | □ |
| Self-employed and directly responsible for managing other clinicians (e.g. lead partner) | □ |
|  |  |
| Associate (non-medical) of the FMLM  | □ |
| Retired | □ |

|  |  |
| --- | --- |
| Year of qualification |  |

|  |  |
| --- | --- |
| Organisation/employment |  |

|  |  |
| --- | --- |
| Leadership role |  |

|  |  |
| --- | --- |
| Email |  |

|  |  |
| --- | --- |
| Telephone number |  |

**Please answer the following questions:**

1. What do you understand about mentoring? (250 word limit)

|  |
| --- |
|  |

1. Why you are interested in being a mentee? (250 word limit)

|  |
| --- |
|  |

1. What do you want from an FMLM mentor in the area of leadership and management? (250 word limit)

|  |
| --- |
|  |

1. Please provide us with a short personal biography (100 word limit)

|  |
| --- |
|  |