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**COMBAR Mentoring Scheme**

**Mentee Application Form**

**About You**

|  |  |
| --- | --- |
| First name: |  |
| Surname: |  |
| Year of call: |  |
| Year of Silk *(if applicable)*: |  |
| Year practice commenced: |  |
| Self-employed or employed: |  |
| Age *(optional*): |  |
| Contact address: |  |
| Email:  |  |
| Telephone:  |  |
| Preferred method of contact: |  |
| Current area(s) of specialisation: |  |

**Topics which you would wish to discuss with a mentor**

(*This list is intended to be indicative rather than exhaustive; please mark as many as are appropriate. It would assist with matching if additional details could be provided in the “additional details” box below, where other topics can also be identified.*)

|  |  |
| --- | --- |
| Moving chambers |  |
| Applications (e.g. silk, panel, judicial appointment) |  |
| Balancing work with fertility or assisted conception treatment, adoption procedures or pregnancy |  |
| Balancing work with caring responsibilities and/or family illness |  |
| Returning to work after parental leave and managing childcare |  |
| Returning to work after a career break, sabbatical or period of illness |  |
| Challenges faced by those who identify as having a disability |  |
| Challenges associated with mental or physical illness |  |
| Dealing with stress |  |
| Managing relationships with colleagues, staff, clients |  |
| Networking and practice promotion |  |
| Addressing inappropriate conduct (e.g. harassment, discrimination) |  |
| Moving into or out of self-employed practice |  |
| Gaining specific skills  |  |

**Other information that may help with matching**

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| --- |
| Preferred seniority of Mentor (*please* *circle as appropriate)*:Up to 3 years 3-5 years 5-8 years 8-12 years Over 12 years Silk No preference |
| Additional details which you think may assist us in matching you with an appropriate mentor: *(In particular, please include: (a) further details of the topics selected above, or additional topics; and (b) any other characteristics that you think it would be helpful for your mentor to have.)*  |

Tick here if you wish this form to be destroyed once you have been matched with a mentor.

The process of matching mentors and mentees will be carried out by a panel of COMBAR members

Unless a mentee requests otherwise (see above), completed forms will be retained by COMBAR for 2 years. All information on the form will be treated as confidential, and will be used only for the purposes of matching mentors and mentees and otherwise administering the scheme, subject to the professional reporting obligations of the members of the matching panel.

I request that the matching panel matches me with an appropriate mentor on the basis of the information that I have provided in this form, and agree to COMBAR using my data (including any sensitive data provided in this form and in the Equality and Diversity Monitoring Form) as set out above:

Signed: …………………………………………………… Date ……………………………………….

**Please send completed form to:** admin@combar.com**, marked for the attention of the Chair of the Mentoring Committee**