MENTOR Data Form

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| --- | --- | --- | --- |
| Name |  | Job title |  |
| Institution/ Company |  |  |  |
| Department |  |  |  |
| Address |  |  |  |
| email |  | Phone |  |
|  |  |  |  |
| Research Area / Professional Background |  | Sub-speciality |  |

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| --- | --- |
| Please give a brief overview of your research interests/professional background |  |
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| Have you mentored individuals before? |  |
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| What are your expectations from the ASCINA mentoring program? |  |
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| What are your expectations from the Mentee? |  |
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