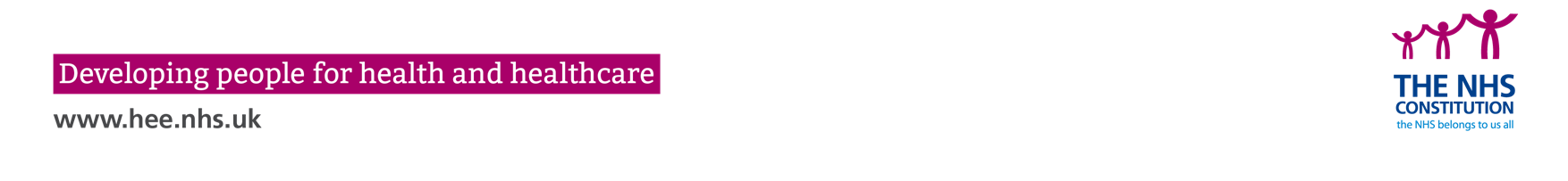


**Health Education England**

**Internship, Pre-Doctoral and Post-Doctoral Bridging Programmes**

**Mentor Registration Form**



Notes for Guidance

* This opportunity is sponsored and managed by Health Education England (HEE).
* This form should be used if you wish to register as a Mentor for the HEE Pre-Doctoral Bridging Programme.
* Before completing this form, please refer to the guidance notes and Frequently Asked Questions (FAQs) at <http://www.nottingham.ac.uk/clinicalscholar>
* Deadline for submission OPEN ALL YEAR
* Please complete the form in BLOCK CAPITALS or type, so that your information can be easily read.
* When completing the form please ensure that you provide your full name (surname/family name and forenames) in the order they appear in your official documents i.e. passport.
* If your supporting documents are not in English, we require officially translated versions as well as copies in the original language.
* Please send your completed forms to **Patricia Dziunka by e-mail (**[**patricia.dziunka@nottingham.ac.uk**](mailto:patricia.dziunka@nottingham.ac.uk)**) or send to: Patricia Dziunka**

**B114, Division of Rehabilitation & Ageing**

**University of Nottingham**

**Medical School, QMC**

**Nottingham NG7 2UH**

* Following submission and review of the registration form you will be notified as to the next stage of the mentoring process

If you have any questions about filling out this application form, please do not hesitate to contact the programme leads:

Internships: Ros Kane[rkane@lincoln.ac.uk](mailto:rkane@lincoln.ac.uk) or Ian McGonagle [imcgonagle@lincoln.ac.uk](mailto:imcgonagle@lincoln.ac.uk)

Pre-Doctoral Bridging :Kate Radford [kate.radford@nottingham.ac.uk](mailto:kate.radford@nottingham.ac.uk), Claire Diver [claire.diver@nottingham.ac.uk](mailto:claire.diver@nottingham.ac.uk)

Post- Doctoral Bridging: Pip Logan [pip.logan@nottingham.ac.uk](mailto:pip.logan@nottingham.ac.uk) or Joseph Manning [ntzjcm1@nottingham.ac.uk](mailto:ntzjcm1@nottingham.ac.uk)

Data Protection Statement

By signing this form you are consenting to Health Education England (HEE) using the information provided from time to time, along with any further information about you that HEE may hold, for the purposes of the HEE Pre-Doctoral Bridging Programme.

The information that you provide on your application form will be used for the following purposes:

* To enable you to register as a Mentor for the HEE Pre-Doctoral Bridging Programme and allow the management team to assist you through the mentoring process;
* To enable HEE to compile statistics, or to assist other organisations to do so. No statistical information will be published that would identify you personally;
* To enable HEE to initiate your mentorship record should you be offered a place on the programme.

**Mentor Registration Form**

This form should be completed and returned (along with supporting documentation as required) to [patricia.dziunka@nottingham.ac.uk](mailto:patricia.dziunka@nottingham.ac.uk) Programme administrator. Please complete the form in **BLOCK CAPITALS** or type.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | | | | | | | | | |
| Surname/Family Name: | | | |  | | First/Given Name(s): | | |  | | |
| Previous Surname/Family Name (if applicable): | | | | | | | | Title (Prof, Dr, Mr, Mrs, Ms) | | |  |
| Date of Birth: | |  | | | Gender: | | Nationality: | | | | |
| Country of Birth: | | |  | | | Country of Permanent Residence: | | | |  | |
| **ADDRESSES** | | | | | | | | | | | |
| Address for Correspondence: | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Post Code: |  | | | | | | | | | | |
| Mobile: |  | | | | | | | | | | |
| Tel: |  | | | | | | | | | | |
| Fax: |  | | | | | | | | | | |
| Email: |  | | | | | | | | | | |
| Twitter: |  | | | | | | | | | | |

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| --- | --- |
| **PROFESSION** | |
| Nursing □ | |
| Midwifery □ | |
| Allied Health □ | |
| Health Visiting □ | |
| Pharmacy □ | |
| Wider Dental Team □ | |
| Operating Department Practitioner □ | |
| Clinical Psychology □ | |
| Healthcare Scientist □ | |
| Chiropractor □ | |
| Optometrist □ | |
| Osteopath □ | |
| Optician □ | |
| Non-Medical Public Health Specialty Trainee □ | |
| Other (Please state): |  |

**PROFESSIONAL REGISTRATION**

|  |
| --- |
| Please provide details of professional registration including PIN number and date of registration for renewal. |

**Expertise**

|  |
| --- |
| Please provide 2-5 words that best describe your expertise, this will help us to match any future mentees with the right mentors. |

|  |  |  |  |
| --- | --- | --- | --- |
| **EDUCATION AND QUALIFICATIONS** | | | |
| Give details of the three highest classifications, further or higher education, since leaving school. Please provide information on qualifications already obtained and examinations still to be taken with the most recent first. | | | |
| **Name of Institution/Address** | **Dates**  **(mm/yyyy) of attendance** | **Qualification/Award (include class** & **division or grade obtained if known)** | **Main Subjects** |
|  | From: |  |  |
| To: |
|  | From: |  |  |
| To: |
|  | From: |  |  |
| To: |

**APPLICATION QUESTIONS**

**Please complete the following application questions:**

|  |
| --- |
| 1. **Please describe your experience of working in Clinical Research.** |
| 1. **Please describe your experience in managing/ supervising clinical researchers** |

|  |
| --- |
| **3. Please outline the skills that you would bring to this role.** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APPLICANT’S NAME:** | | | | |
| **HEAD OF DEPARTMENT’S (or equivalent) NAME:** | | | | |
| **Head of Department’s (or equivalent) Correspondence Address** | | Tel: |  | |
|  | | Mobile: |  | |
|  | | Email: |  | |
| Post Code: |  | Fax: |  | |
| **Supporting Letter**  Please attach a supporting letter from your Head of Department (or equivalent) confirming their support for you to partake and commitment to release you from your current duties for the appropriate amount of time for the duration of the programme. | | | | |
| Signature of Head of Department (or equivalent): | | | | Date: |

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYMENT DETAILS/OTHER EXPERIENCE** | | | |
| Give details of any industrial, professional or research experience relevant to your application. Continue on a separate sheet if necessary. | | | |
| **Employer** | **Title and duties of post** | **Dates From** | **Dates To** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**OTHER INFORMATION**

Do you have any criminal convictions? Yes No

NB: You are required to state whether or not you have any criminal convictions, excluding motoring offences for which a fine and/or up to three penalty points were imposed. If you tick the ‘yes’ box, you may be required to provide details of any convictions.

**DECLARATION**

I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted.

**SPECIAL NEEDS OR SUPPORT**

Please state any support required as a consequence of any disability or medical condition.

|  |  |
| --- | --- |
| Signed: | Date: |

**PROTECTED ATTRIBUTES**

Please complete the following form to allow us to be compliant with NIHR/HEE Equality and Diversity regulations regarding protected characteristics.

This information will help us to understand any inclusion issues we might need to address going forward, as well as where we currently have less success in reaching some geographical areas and non-medical professions taking up these programmes and their success.

Please be assured, that you will not be identified personally in our use of this data when we evaluate our programme. Thank you.

1. **What is your age?**

18-24

25-34

35-44

45-54

55-64

65-74

75 or over

1. **Do you have a disability?**

☐ Yes

☐ No

☐ Prefer not to say

1. **What is your gender or what gender do you identify with?**

Male

Female

Other - please state:

Prefer not to say

1. **Do you identify as trans or do you have a trans history?**

☐ Yes

☐ No

☐ Prefer not to say

1. **What is your sexual orientation?**

Bi Sexual

Gay/Lesbian

Heterosexual/Straight

Prefer not to say

Other

1. **Marital Status**

Single - never married

Married or Civil Partnership

Co-habiting

Widowed

Divorced

Separated

1. **A. Are you Pregnant?**

Yes

No

**B. Have you had a baby in the last 12 months?**

Yes

No

1. **With which ethnic group do you most identify?**

White

Gyspy or Traveller

Black or Black British – African

Black or Black British – Caribbean

Other Black Background

Asian or Asian British – Bangladeshi

Asian or Asian British – Indian

Asian or Asian British – Pakistani

Chinese

Other Asian Background

Mixed – White and Asian

Mixed – White and Black African

Mixed – White and Black Caribbean

Other Mixed Background

Arab

Other Ethnic Background

Prefer not to say

1. **Religion and Beliefs**

☐ Christian (Catholic, Protestant or any other Christian denominations)

☐ Buddhist

☐ Hindhu

☐ Muslim

☐ Jewish

☐ Sikh

☐ Not Religious

☐ Other

☐ Prefer not to say