**Middle Temple Mentoring Scheme**

**Form for Mentees**

The information provided in this application form, and any information provided in respect of your membership, will be used for the purpose of considering your application to be allocated a mentor only.

Please indicate if you wish

* this form to be destroyed once you have been matched with a mentor: YES / NO
* to keep your involvement in the mentoring scheme completely confidential YES / NO

|  |
| --- |
|  **Name** (Please also indicate Mr/ Mrs/ Miss/ Ms/ Other) |
|  |
| Year of Call | Year of Silk (if applicable) |
|  |  |
| Year practice commenced | Age (optional) |
|  |  |
| Contact address | Telephone |
|  |  |
| Email |
|  |
| Preferred method of contact |
|  |
| Current area(s) of specialism |
|  |
| Preferred Call or practice of Mentor: |
| Up to 7 years | 7-15 years | 15 years and above (Junior) | Silk | Judge |
| Appropriate matching is an essential element of a successful mentoring relationship, so it is helpful to know about the particular issues which are important to you. Please choose the one which most closely matches your current need(s). |
| Applying for silk | A |
| Applying for a full or part time judicial post | B |
| Furthering career/realising potential in some other way | C |
| Returning to work after parental leave | D |
| Returning to work after leave for any other reason including ill-health | E |
| Work/life balance | F |
| Dealing with Chambers | G |
| Moving Chambers | H |
| Networking and promotion of practice | I |
| Gaining specific skills (please specify) | J |
| Other | K |
| Please add any additional details which you think may assist us in matching you with an appropriate mentor |
|  |

Signed..................................................... Date............................................

**Please send completed form to:**

*Mentoring@middletemple.org.uk*