**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** | | | | | | |
|  | | | | | | |
| Year of Call | | | Year of Silk (if applicable) | | | |
|  | | |  | | | |
| Year practice commenced | | | Age (optional) | | | |
|  | | |  | | | |
| Year pupillage completed | | | Current Chambers/  Employer Previous Chambers  (If applicable) | | | |
|  | | |  | | | |
| Contact address | | | Telephone | | | |
|  | | |  | | | |
| Email | | | |
|  | | | |
| Preferred method of contact | | | |
|  | | | |
| Current area(s) of specialism (Please specify if any work is publicly-funded) | | | | | | |
|  | | | | | | |
| 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 tick the one(s) which most closely matches your current need(s). | | | | | | |
| Applying for silk | | | | |  | |
| Applying for a full or part time judicial post | | | | |  | |
| Furthering career/realising potential in some other way | | | | |  | |
| Returning to work after parental leave | | | | |  | |
| Returning to work after leave for any other reason including ill-health | | | | |  | |
| Work/life balance | | | | |  | |
| Dealing with Chambers | | | | |  | |
| Moving Chambers | | | | |  | |
| Networking and promotion of practice | | | | |  | |
| Gaining specific skills (please specify) | | | | |  | |
| Other | | | | |  | |
| 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*](mailto:Mentoring@middletemple.org.uk)