**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

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | | | | | | | |
|  | | | | | | | |
| Year of Call | | | Year of Silk (if applicable) | | | | |
|  | | |  | | | | |
| Year practice commenced | | | Age (optional) | | | | |
|  | | |  | | | | |
| Year pupillage completed | | | Current chambers/  Employer  (If applicable) | | Previous (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 a full or part time judicial post | | | | | |  | |
| Furthering career/realising potential in some other way | | | | | |  | |
| Moving Chambers/ moving employment | | | | | |  | |
| Networking and promotion of practice | | | | | |  | |
| Gaining specific skills (please specify) | | | | | |  | |
| Returning to work (please specify)  For example:   1. Maternity/Paternity/Adoption leave returner/mover 2. Carer returner/mover 3. Health-related returner/mover 4. Change of discipline returner/mover – wish to specialise in Mental Health Tribunal (and potentially other tribunal work) 5. Self-Employed to Employed returner/mover 6. Redundancy returner/mover 7. Dealing with chambers as a returner/mover 8. Dealing with employer as a returner/mover 9. Gaining specific skills coaching (please specify) 10. Other (please specify) | | | | | |  | |
| Other (please specify) | | | | | |  | |
| Unless otherwise agreed, the time estimate for mentoring is project-based and time limited. Please estimate the time period for which you think you will require mentoring assistance (dd/mm) | | | | | | | |
| Start date:  End date: | | | | | | | |
| Please indicate whether there any particular times that might suit/not suit for meeting with a mentor | | | | | | | |
|  | | | | | | | |
| Please add any additional details which you think may assist us in matching you with an appropriate mentor. This could be something about your background or circumstances, or a particular characteristic you have, which you think makes your project (identified above) more challenging, or that you may have to take a different route to achieving it. | | | | | | | |
|  | | | | | | | |

Signed.....................................................

Date........................................................

**Please send completed form to:**

[*mentoring@middletemple.org.uk*](mailto:mentoring@middletemple.org.uk)