**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 (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*