**Middle Temple Mentoring Scheme - Form for Mentors**

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 offer to act as a mentor only.

Please indicate if you wish

* this form to be destroyed once you have been matched with a mentee: 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) | | | |
|  | | | |  | | | |
| Contact address | | | | Telephone | | | |
|  | | | |  | | | |
| Email | | | |
|  | | | |
| Preferred method of contact | | | |
|  | | | |
| Current area(s) of specialism (Please specify if any work is publicly-funded) | | | | | | | |
|  | | | | | | | |
| Current and previous chambers/employers (this is in case there are any conflicts) | | | | | | | |
|  | | | | | | | |
| Do you hold a full or part time judicial office? | | | | | | | |
| No | High Court Judge | Circuit Judge | Deputy (which jurisdiction?) | | Recorder | Tribunal member | Other (please specify) |

|  |  |
| --- | --- |
| The following issues may help you to consider your own experience and what you might offer as a mentor. Please choose all that are appropriate. Please put any other skills in the free text box. | |
| 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) |  |
| 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. | |
|  | |
| Please indicate whether there any particular times that might not suit for meeting with a mentee | |
|  | |

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

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

**Please send completed form to:**

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