**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 |
| * agree to your details being shared with prospective Mentors, present and future members of the Hall Committee, and present and future members of the Mentoring Committee
 | Yes | No |

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| --- |
| **BASIC DETAILS** |
| Name  |  |
| Membership Number |  |
| Year of Call |  |
| Year of Silk (if applicable) |  |
| Year practice commenced  |  |
| Year pupillage completed |  |
| Age (optional) |  |
| Current Chambers/ Employer |  |
| Previous Chambers/ Employer (if applicable) |  |
| Contact address |  |
| Telephone |  |
| Email |  |
| Preferred method of contact by Middle Temple |  |

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| **MENTORING REQUIREMENTS** |
| Current area(s) of specialism (Please specify if any work is publicly funded) |  |
| Preferred Call or practice of Mentor (Please select as appropriate) | * Up to 7 years call
* 7 – 15 years call
* 15 years and above call
* Silk
* Judge
* Other (please specify)
 |
| 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 |  |
| Moving Chambers/ moving employment |  |
| Networking and promotion of practice |  |
| Gaining specific skills (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*