

Mentee Application Form

Personal details

Title: _____

First name: _____ Last name: _____

Preferred name: _____

Current position: _____ Workplace: _____

Phone number: _____ Email address: _____

ASMIRT membership number: _____

CV included

Research details



Please provide details of your research aims and professional aspirations. (500 words max)



How do you think your research will benefit our profession, the patients under our care and/or the professional education sector? (500 words max)



Why would you like to be considered for the ASMIRT Research Mentoring Program?
Please include your expectations of the program and any outcomes you would like to achieve.
(500 words max).

Supporting references

Reference 1 details

Title: _____

First name: _____ Last name: _____

Preferred name: _____

Current position: _____ Workplace: _____

Phone number: _____ Email address: _____

Upload supporting statement from reference 1 (this can be in a word or PDF format).
The supporting statement(s) from a senior member of your workplace management team and/or academic department, should include details of your research skills, level of involvement in research activity and any relevant achievements to date.

I confirm that my workplace management team and/or the academic department team has understood and agreed to the conditions of the program.

Applicant Signature

Date