**Severn “GP Careers Champions” Mentorship Programme**

**Request for mentorship**

|  |  |
| --- | --- |
| Name |  |
| Email address |  |
| Telephone Number |  |
| Current place of work |  |
| Current Specialty |  |
| Stage of training / grade |  |
| Please list any particular clinical or non-clinical interests you have.  |  |
| Do you have any specific questions you would like answered? |  |
| What would you like to gain from this programme? |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Email advice** | **Telephone discussion** | **Face to face discussion** | **Skype discussion** | **Taster days** |
| Type of Mentorship requested |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Bath** | **Bristol** | **Gloucestershire** | **Somerset** | **Swindon** |
| Current work “patch” |  |  |  |  |  |
| I would like mentorship in |  |  |  |  |  |

|  |  |
| --- | --- |
| Any other comments / requests? |  |

Please submit this form completed to gpcareerschampions@gmail.com