

**OCCASIONAL MENTORING SCHEME**

**Mentee Form**

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| --- | --- |
| First name: | Surname: |
| Year of call: | Year of Silk *(if applicable)*: |
| Year practice commenced: | Age *(optional*): |
| Contact address: | Telephone: Email: Preferred method of contact: |
| Preferred call/practice of Mentor: *please* *circle as appropriate*Up to 5 years 5-10 years 10-15 years Over 15 years Junior Silk Senior Silk |
| Appropriate matching is an important element of a successful mentoring relationship, so it is helpful to know about particular issues that are important to you. The following list may help you to consider the support you are seeking from a mentor*.**Please mark as appropriate.* |
| Moving chambers | Furthering career/ realising potential |
| Balancing work and home life | Dealing with chambers |
| Returning to work after parental leave | Lesbian, gay, bisexual or transgender issues |
| Gaining specific skills (please specify): | Networking and practice promotion |
| Any additional details which you think may assist us in matching you with an appropriate mentor: *Please indicate if you have any particular preference regarding your Mentor.* |

Signed: ………………………………………………………. Date ……………………………………….

**Send completed form to:**

Fiona Sinclair QC or Sian Mirchandani

Tecbar Equality and Diversity Officers

Four New Square, Lincoln’s Inn, London WC2A 3RJ

TECBARMentors@4newsquare.com

**Top of Form**

**The process of matching Mentors and Mentees will be carried out by the Tecbar Equality and Diversity Officers, who will destroy the completed forms once a Mentee has been matched with a Mentor.**

Top of Form

Bottom of Form