



OCCASIONAL MENTORING SCHEME

Mentor Form

First name:	Surname:
Year of call:	Year of Silk (if applicable):
Year practice commenced:	Age*:
Chambers address:	Chambers telephone: Email: Preferred method of contact:
<i>Appropriate matching is an essential element of a successful mentoring encounter, so to help in this process please provide further information in the boxes below.</i>	
<i>Do you hold a full or part-time judicial office (e.g. Recorder/Deputy Judge/Tribunal Member)? If so, please specify.</i>	
<i>The following issues may help you to consider your own experience and what you might offer as a mentor. Please tick as appropriate. Other suggestions are welcome.</i>	
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
Other areas (please specify)	

*** Optional**

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
TECBARMonitoring@4newsquare.com

The process of matching Mentors and Mentees will be carried out by the Tecbar Equality and Diversity Officers, who will retain completed Mentor forms in strict confidence.