



**OCCASIONAL MENTORING SCHEME**

**Mentee Form**

First name:	Surname:
Year of call:	Year of Silk <i>(if applicable)</i> :
Year practice commenced:	Age <i>(optional)</i> :
Contact address:	Telephone:  Email:  Preferred method of contact:
Preferred call/practice of Mentor: <i>please circle as appropriate</i> 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. <i>Please mark as appropriate.</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
Any additional details which you think may assist us in matching you with an appropriate mentor: <i>Please indicate if you have any particular preference regarding your Mentor.</i>	

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](mailto:TECBARMentors@4newsquare.com)

**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.**