**Mentee Application Form for the XXXXX YI Mentoring Program**

Please provide as much detail as possible. The information you provide will be vital as we consider the selection of a mentor. This information will also be provided to your mentor upon pairing.

**Name** (First, Last)

**Degrees held:**

**Position:**

**Hospital address:**

**Email address:**

**Phone Number:**

**Years from completion of formal training:**

**Specialty (please tick one)**

□ Haematology □ Haematology/oncology □ Pathology

□ Surgery □ Radiation oncology □ Radiology

□ Nursing □ Basic research □: Other

**Specific area(s) of Interest:**

□ Adolescent/Young Adult

□ Behavioral Science

□ Bioethics

□ Biopathology/Translational Research

□ Cancer Control

□ CRA

□ Cytogenetics

□ Developmental Therapeutics

□ Diagnostic Imaging/Radiology

□ Epidemiology

□ Hematology/Oncology

□ Laboratory Science

□ Late Effects

□ Neurology

□ Nursing

□ Pathology

□ Pharmacy

□ Qualitative research

□ Radiation Oncology

□ Radiology

□ Statistics

□ Stem Cell Transplantation

□ Surgery

□ Supportive care

□ Tumour immunology

□ Other:

□ Mixed Methods

**Tumor(s) of Interest:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Level of research experience**

□ Undergraduate □ Research Masters □ PhD

□ Postdoctoral □ None □ Informal

**Preferred language (please tick all that you are happy to use):**

□ English

□ Spanish

□ Other:

**Please mention if you prefer a mentor from a high income or low/middle income country:**

(Optional)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How often would you like to meet/interact with your mentor:**

□ Weekly

□ Monthly

□ Every other month

□ Semiannually

□ Annually

**Suggest a name(s) of a person you would like to be mentored by**

(Optional)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional information to aid matching with a mentor**

The success of this programme is enhanced by us being able to make the most appropriate match between a mentee and mentor. It helps if the the mentee has a clear plan that can be facilitated by the mentor-mentee relationship, but a shared background or interest is also useful. Hence, the details and specifics provided by the prospective mentee in this section will enable us to provide the most appropriate and effective mentor-mentee pairing.

What is your background in paediatric oncology? (75 words)

What are your current interests within paediatric oncology? (75 words)

What would you like to get out of this mentorship programme? (75 words)

**Identifying and prioritising defined goals will help you get more from the mentorship process.**

Please look through the list below and select your top three goals in ranked order (rank 1 being top priority etc). If your goal is not listed, feel free to add it, but try to make it specific and achievable.

Become involved with a SIOP committee

Increase involvement with a SIOP committee

Obtain professional development guidance

Work on a research project designed by someone else

Develop your own research proposal

Develop connections with SIOP investigators in my area of interest

Gain experience in clinical trials research

Gain experience in laboratory research

Gain experience in qualitative research

Gain experience in quality improvement

Author/co-author a publication

Become involved in manuscript review

Become involved in grant review

Submit a grant application

Receive guidance in grant-writing

Increase clinical experience with a specific condition/population

Learn to navigate through SIOP

Participate in guideline development/revision

Present at a SIOP meeting

Receive guidance in protocol development

Set up educational projects

Develop existing educational projects

**Selected goals:**

Rank 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rank 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rank 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If one of your goals relates to an educational project, who is this aimed at?**

□ Undergraduates eg nursing or medical students

□ Junior medical staff (eg residents, interns, junior doctors)

□ Senior medical staff (eg consultants, attendings)

□ Non-medical staff (eg nurses, pharmacists)

□ Patients and families

**How much support will your institution give to your involvement in this programme?**

□ No support - all activity in your own time

□ Occasional time away from service delivery

□ Small amount of protected time on a regular basis

□ Longer amount of protected time (please specify how long below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Identifying your areas of strength and development needs**

**Please rate your level of agreement/disagree with the following statements by placing an X in the box:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Neither Agree nor disagree | Disagree | Strongly Disagree |
| I feel confident conducting research in my field. |  |  |  |  |  |
| I feel comfortable accepting criticism and critique of my research. |  |  |  |  |  |
| The insights and skills from the mentorship program will be instrumental in my ability to conduct research. |  |  |  |  |  |
| I am confident in my ability to produce a strong clinical research proposal. |  |  |  |  |  |
| My skills fit the needs for the research that I wish to conduct. |  |  |  |  |  |

**Please rate your confidence level of the following skills:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree |
| I am able to develop a sound, scientific hypothesis. |  |  |  |  |  |
| I am confident in my comprehension of the fundamentals of competitive grant writing. |  |  |  |  |  |
| I am confident in my knowledge of the principles of clinical research design and execution, including clinical trials with correlative science objectives. |  |  |  |  |  |
| I have effective skills in observational epidemiology. |  |  |  |  |  |
| I know the appropriate statistical methodologies for analysing clinical data needed for my research. |  |  |  |  |  |
| I am skilled at authoring abstracts and full-length manuscripts. |  |  |  |  |  |
| I am confident in my skills in preparing research results and presenting the work to varied audiences. |  |  |  |  |  |
| I know how to identify relevant funding sources. |  |  |  |  |  |
| I have the competence to conduct and participate in collaborative research. |  |  |  |  |  |
| I am confident in my ability to determine the ethical implications of clinical research. |  |  |  |  |  |
| I am confident in my knowledge to identify the regulatory requirements of clinical research. |  |  |  |  |  |
| My oral presentation skills are strong. |  |  |  |  |  |
| I am confident in my current strategies for pursuing and developing a successful career in clinical research. |  |  |  |  |  |
| I know where to turn for assistance with my research. |  |  |  |  |  |
| I am confident in my skills to formulate, develop and sustain a multi-disciplinary clinical research team. |  |  |  |  |  |
| I frequently collaborate with other trainees/peers. |  |  |  |  |  |
| I have opportunities to collaborate with leaders in clinical research. |  |  |  |  |  |

**Please email this application form to:** [mentorship@siop-online.org](mailto:mentorship@siop-online.org)

Thank you for your interest, we hope that you find the mentorship programme helpful.

Dr Jonathan Fisher

On behalf of SIOP-YI Mentorship Committee