

Mentee application form, mentorship program ForKidS

Thank you for applying to be on mentoring program of the Forum of young Kid's Surgeons Switzerland (ForKidS). This form will help us match you with a mentor who has the experience and skills that match your interests, career goals and developmental needs.

If you have any questions regarding the mentoring program or the application process, please do not hesitate to contact us (mentoring.forkids@sgkc-sscp.ch)

First name:

Last name:

Email:

Mobile Phone:

1. Personal details

Gender: Female Male Other

Age: 20-30 30-40 40-50 50-60
Prefer not to say

2. Career stage

Surgical Basic Exam: absolved not yet

Year of training: 1st year 2nd year 3rd year
4th year 5th year Final years

Specialist exam: In pediatric surgery? Yes No
In another field? Yes No
If yes in which field?

3. Current employment

Name of hospital:

Field:

Training contract: Yes for pediatric surgery No
Yes for another field

4. Mentoring Information

Please select from the list below the areas you like to be mentored in **(Max. of 2):**

Our current fields include:

- Scientific research (basic science, translational, clinical research)
- Clinical training (up to board exam)
- Career planning after board exam
- International / global work
- Balancing family and work

Our current subspecialties are:

- General pediatric surgery
- Visceral surgery
- Neonatal surgery
- Fetal surgery
- Anorectal Surgery
- Thoracic surgery/chest wall
- Urology
- Trauma surgery/emergency medicine
- Plastic surgery/burns
- Hand surgery
- Neurosurgery
- MIS (Minimal Invasive Surgery)

5. Which other subjects or challenges would you like to address with your mentor?

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6. Please provide a short biography. Please include your current experience until now.

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7. What are your career goals and objectives (e.g. preferred subspecialty)?

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8. Why do you want to be a mentee? What do you hope to achieve from it?

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9. Please provide the language you want to be mentored in and any additional information that you feel will be useful for the matching process.

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10. Where did you hear about the mentorship program?

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|---|--|--|
| <input type="checkbox"/> SGKC/ForKidS website | <input type="checkbox"/> Social Media | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Online search | <input type="checkbox"/> SGKC congress | <input type="checkbox"/> Other |

If you selected other please give details:.....

Applicant declaration

I acknowledge that any personal information supplied is done so voluntarily to facilitate the processing of this application. I furthermore acknowledge that the information provided by me, is to the best of my knowledge both true and correct, and I understand that any incorrect or inaccurate information or documentation submitted may adversely affect the manner in which the Forum of young Kid's Surgeons Switzerland (ForKidS) will process my application to be a mentee.

Disclaimer

The information you are voluntarily providing will be used to help assist us in achieving our mentorship programme goals for the Forum of young Kid's Surgeons Switzerland (ForKidS).

The information collected will only be shared with the Forum of young Kid's Surgeons Switzerland (ForKidS) mentorship program committee.

Date of application:.....

Signature mentee:.....