

Mentor application form, mentorship program ForKidS

Thank you for applying to be on the Forum of young Kid's Surgeons Switzerland (ForKidS) mentorship program. This form will help us match you with mentees who have the interests that match your field of expertise.

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 >60
Prefer not to say

2. Current position

- Senior doctor
- Head of department
- Co-chief
- Chief

Name of hospital:.....

Subspeciality:

3. Are you prepared and have the capacity to provide a minimum of 1 hour 2 times per year for the mentoring program (per mentee)?

Yes No

4. How many mentees would you be willing to mentor during a 24-month program?

1 2 3 more than 3 (current max. of 3)

5. Do you have any specific preferences in terms of the level of the mentee you like to mentor?

Surgical Basic Exam: absolved not yet

Year of training: 1st- 2nd year 3rd-4th year
 Final years No preference

Specialist exam: In pediatric surgery Yes No

We will take your preferences in consideration for the matching process. However, it may not be possible to meet all your preferences.

6. Mentoring information: Please identify the area as you want to be mentor in

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)

7. Please select the reasons for wanting to be mentor

- Personal and carrier development
- Leadership and or skills development
- Building and maintaining professional networks
- Developing a community of learning within the SGKC
- Reinforce learning and development by sharing knowledge and skills
- Please add any other reasons not listed above:

.....

.....

8. General comments that you feel are important for us to know, for example the language you want to mentor in:

.....

.....

.....

.....

9. Have you mentored a mentee before formally or informally?

- Yes (formally) Yes (informally) Both
- No

10. Where did you hear about the mentorship program?

- SGKC/ForKidS website Social Media Word of Mouth
- Online search SGKC congress 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 processes 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 mentor:.....