



BASHH/BHIVA/FSRH Mentoring Scheme

Mentor Application Form 2018

I would like to become a BASHH/BHIVA/FSRH Mentor

Personal Details

Name: _____

Job Title: _____

Place of Work: _____

Email address: _____

Do you already have experience in mentoring? Yes No

If yes, please give details here

Are you a member of

BASHH? Yes No

BHIVA? Yes No

FSRH? Yes No

Please post to:
Dr Emma Fox
Gate Clinic, Kent and Canterbury Hospital
Ethelbert Road
Canterbury
Kent CT1 3NG
Or email: emma.fox2@nhs.net