



Name	
Work Address	
Contact email	
Telephone number	
BFS Member No	
Current Role	
Experience relevant to becoming a mentor
Mentorship offered: (Circle all that apply)	1. Andrology (clinical scientist) 2. Counselling 3. Fertility Nursing 4. Reproductive Medicine 5. Urology/Clinical Andrology 6. Embryology 7. Management 8. Other (please state)
Education History (Including qualifications)	
Employment history	
Relevant skills	



Delete as applicable

I confirm that I have been working for a minimum of 3 years as a professional in fertility in any of the categories above and 3 years post-registration Yes/No

I give permission for my email address to be given to a mentee, to be allocated by BFS Yes/No

I agree to provide feedback to BFS on an annual basis Yes/No

I agree that I will not comment on issues relating to work disputes/difficulties in training Yes/No

I will not provide a formal reference for job applications (as a BFS Mentor) Yes/No

I understand that the Mentor/Mentee relationship can be dissolved at any time at the request of either party and in any event will be dissolved after 2 years Yes/No

I have read and understood the NHS Guide to Mentorship

Signature **Date**

Thank you for your application.

Please return by email to: bfs@profileproductions.co.uk