

BFS Mentorship Evaluation Form - Mentees

Mentee Name		Mentee Email
Mentor Name		
Dates of involvement		
Please tell us any specific positives you gained from the mentoring programme		
How will the mentoring programme impact on your daily practice and patient care?		
Do you have any suggestions for future developments of the mentoring scheme?		
We would like to use first-hand feedback on our website. Please provide us with a short overview (10-50 words) of your experience for us to share		

Many thanks for your time.

Please return completed forms to bfs@profileproductions.co.uk



British
Fertility
Society