

## Mentoring for Women

### Mentee's Application Form

Mentoring Program of the Medical Faculty of the University of Bern and NCCR TransCure

*Documents to attach to the application : updated CV, list of publications*

#### 1. Your Data

<b>Last Name</b>	
<b>First Name</b>	
<b>Date of birth</b>	
<b>Office address</b>	
<b>Office phone number</b>	
<b>Office e-mail</b>	
<b>Private e-mail (optional)</b>	
<b>Cellphone number</b>	
<b>Current funding / grant with end date</b>	
<b>Current position / career ladder</b> (PhD Student, post Doctorate fellow, tenure track or junior team leader, Assistenz or Oberassistenz, Oberärztinnen or Ärzte)	
<b>Supervisor's contact information</b>	

The application form can be sent at any time during the year. Please provide all documents in an electronic format, preferably as pdf, and send them to the above e-mail address.

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### 2. Academic career planning in relation with the mentoring

Explain what is your motivation to join the mentoring program

### 3. Additional remarks or information

<b>When do you want to start?</b>	
<b>Anything we should know to best fit a mentor?</b>	

For more information, please contact [svea.lehmann@meddek.unibe.ch](mailto:svea.lehmann@meddek.unibe.ch) or call 031 632 41 60.

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