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| **Maternity Mentoring**  **Mentee Application Form** | | | | | | | | | |
| First Name: | | | | | | |  | | |
| Last Name: | | | | | | |  | | |
| Chambers: | | | | | | |  | | |
| Circuit: | | | | | | |  | | |
| Area(s) of Practice: | | | | | | |  | | |
| Year of Call: | | | | | | |  | | |
| What is your preferred method of communication? (please tick) | | | | | | | | | |
| Email | |  | | Telephone | |  | | Face to Face |  |
| When is the most suitable time for the Bar Council to contact you? (please tick) | | | | | | | | | |
| 9am – 12pm | | |  | | 12pm – 3pm |  | | 3pm – 5pm |  |
| **Biography**  Please provide information (no more than 250 words) on why you would like to be mentored: | | | | | | | | | |
| Please state what characteristics you would like considered when the Bar Mentoring Service allocate a mentor (e.g. career break in the last X years, practice area, etc.) | | | | | | | | | |
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| **Confidential Information** | | |
| Contact telephone number: |  | |
| Contact email address: |  | |
| Have you participated in a mentoring programme before? | Yes | No |
| (Please provide further details) | | |
| Please tick to confirm you have read and agreed to the **Guidance** of the Bar Mentoring Service |  | |

**Please email to:** [**Mentoring@BarCouncil.org.uk**](mailto:Mentoring@BarCouncil.org.uk)

**Please note**: although electronic copies are preferred (and can be downloaded from the Bar Council website) if you prefer to complete this form in hard copy, please do so and post it to the Bar Council marking it to the attention of:

Bar Mentoring Service (Maternity Mentoring)

The Bar Council

289-293 High Holborn

London

WC1V 7HZ