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Mentor Application Form

### Personal Details

Title Please click here to enter text

Family Name Please click here to enter text

First Name Please click here to enter text

Date of Birth Please click here to enter a date

Nationality Please click here to enter text

Have you got any children? No [ ]  Yes [ ]

Number Please click here to enter text Age Klicken Sie hier, um Text einzugeben.

### Office Address

Institute / Department / Company Klicken Sie hier, um Text einzugeben.

Street Please click here to enter text Number Please click here to enter text

Postal Code Please click here to enter text Town Please click here to enter text

Telephone Please click here to enter text

Cell phone Please click here to enter text

Email Please click here to enter text

### Private Address (only if you agree to be contacted privately)

Street Please click here to enter text Number Please click here to enter text

Postal Code Please click here to enter text Town Please click here to enter text

Telephone Please click here to enter text

Cell phone Please click here to enter text

Email Please click here to enter text

Which of these two addresses do you prefer to be used? Official [ ]  Private [ ]

May these contact dates be listed in a networking email list? Yes [ ]  No [ ]

### Scientifc and Work History

University / town Please click here to enter text

Graduation year Please click here to enter a date

Current work position Please click here to enter text

Research / work focus (if applicable) Please click here to enter text

### Work Experience

Research and Teaching [ ]  Business and Industry [ ]  Politics [ ]
Public Administration [ ]  University Hospital [ ]

Others Please click here to enter text

### Have you worked abroad?

Yes [ ]  No [ ]

### Participation in the Mentoring program

Have you participated in a Mentoring program before? Yes [ ]  No [ ]

In which program? Please click here to enter text

As a mentor: Yes [ ]  No [ ]

As a mentee: Yes [ ]  No [ ]

Name of your mentee, if applicable Please click here to enter text

### Which benefits do you expect from the Mentoring program?

Pleasure of helping young researchers creating their future [ ]

Extension of my own network [ ]

New impulses with a changed perspective [ ]

New ideas [ ]

Incentives to optimize my teaching skills [ ]

New input and skills in workshops [ ]

### Would you also offer Workshops or Talks?

Yes [ ]  No [ ]

If yes, which topics? Please click here to enter text

### What else would you like to tell us? Please click here to enter text

### Commitment

I declare that I will be a committed mentor.

I herewith register for the MENTORING life sciences program as a mentor.

Place Please click here to enter text Date Please click here to enter a date

(e-)Signature Please click here to enter text