

EAN Mentorship - Application Mentor

Dear Mentor,

Thank you for your interest in becoming an active part of this Mentorship programme. We have developed this comprehensive form for a convenient online application.

We have divided the application into 3 parts:

Part 1: your personal information

Part 2: your professional information, your skills, interests and expertise

Part 3: guidelines and legal formalities

The application should not take longer than 15 minutes.

Please find the informative pdf version and detailed explanation in the application section for mentors on the EAN Mentorship programme website.

This questionnaire should be completed and sent only once to avoid double registrations - however, the initial form can be edited after submission.

All mentee applications will be reviewed for a possible match with a suitable mentor after the given deadlines and the matched pairs will be notified thereafter in a timely manner.

If you have any questions, please contact mentorship@ean.org.

We thank you in advance for your interest, time and contribution.

Sincerely,

EAN Education Committee

EAN Mentorship - Application Mentor

*Required

| Your personal information |
|--|
| Part 1 |
| First Name * |
| |
| Last Name * |
| |
| Title |
| |
| Hospital/Institution name * |
| |
| City of your Institution * |
| |
| Country of residency / your Institution * |
| Jeannay or recorded by ryear meananers |
| Preferred email address * |
| Troiorica cinan address |
| Preferred phone number (incl. country code) |
| Troiding phone number (men country code) |
| Nationality * |
| Tractionality |
| Date of birth * |
| TT.mm.jjjj |
| Gender * |
| □ Male |
| ☐ Female |
| □ Other |
| |
| Year of obtaining degree of medical doctor * |
| |

| Year of obtaining degree of specialty in neurology * |
|--|
| Current position * |
| ☐ Senior neurologist / consultant |
| ☐ Academic neurologist |
| ☐ Research group leader |
| □ PostDoc / PhD graduate |
| □ Other: |
| Specify in which setting you currently work (tick all that apply): * |
| ☐ University hospital |
| ☐ Research hospital |
| ☐ Public hospital |
| ☐ Private hospital |
| ☐ Private practice |
| □ Other: |
| Languages spoken |
| □ English |
| □ Other: |
| EAN information - Membership status * |
| ☐ Fellow of the EAN (FEAN) |
| ☐ Individual member |
| ☐ Corresponding individual member |
| ☐ Resident and Research Fellow (RRFS) |
| ☐ Honorary member |
| □ National Neurological Society member |
| □ No member |
| EAN information - Activity within EAN (past 5 years - tick all that apply) * |
| ☐ Board member |
| □ Committee member |

| ☐ Task Force member |
|--|
| ☐ Scientific Panel member |
| ☐ Special Interest Group member |
| ☐ No current activity within EAN |
| □ Other: |
| |
| Your professional information, your skills interests and expertise |
| Part 2 |
| What are your actantific areas of interests (tiple all that annihity * |
| What are your scientific areas of interest? (tick all that apply): * |
| ☐ Ageing and dementia |
| ☐ Autonomic nervous system |
| ☐ Cerebrovascular diseases |
| ☐ Child neurology/developmental neurology |
| ☐ Clinical neurophysiology |
| ☐ Coma and chronic disorders of consciousness |
| ☐ Dementia and cognitive disorders |
| □ Epilepsy |
| ☐ General neurology |
| ☐ Headache |
| ☐ Higher cortical functions |
| ☐ Infectious diseases |
| ☐ Movement disorders |
| ☐ Multiple Sclerosis |
| ☐ Muscle and NMJ disorders |
| □ Neurocritical care |
| □ Neuroepidemiology |
| ☐ Neurogenetics |
| □ Neuroimaging |
| ☐ Neuro-oncology |
| □ Neuro-ophthalmology / -otology |
| ☐ Neuropathies |
| ☐ Neurorehabilitation |
| □ Neurosonology |

| ☐ Neuroscience / Translational Neurology | | |
|---|-----------------------|------------------------|
| ☐ Neurotraumatology | | |
| ☐ Pain / Neuropathic pain | | |
| ☐ Palliative care | | |
| ☐ Sleep-wake disorders | | |
| ☐ Stroke | | |
| ☐ In addition, more clinical or basic work and/or re under "other") | search focus might l | oe declared (insert |
| □ Other: | | |
| Please define your level of experience * | | |
| ☐ Senior professional (expert in field) | | |
| ☐ Advanced professional (substantial experience f | or several years afte | er specialisation/PhD) |
| ☐ Young professional (already some experience, a | able to support begir | nners) |
| Please declare the main professional area for | mentoring: * | |
| ☐ Academic (advice on research, education, and to | • | |
| ☐ Clinical (advice on educational and career-buildi | . , | nical work-field) |
| □ Private practice (advice on a practice-orientated | • | , |
| | | |
| Motivation - indicate your motivation: (e.g. why would you like to become a mentor, 200 words | max.) | |
| | | |
| Describe briefly what personal strengths you | can bring to being | a mentor: * |
| | | |
| What are your personal interests, skills and exas a mentor? | xperiences that yo | u would like to share |
| | Yes | No |
| Research skills | | |
| Presentations & lectures skills | | |
| Publications skills | | |
| Networking, communication skills | | |

| Applications skills/experience (grants, funds, other) | | |
|---|------|--|
| Positions-/Job- application skills | | |
| Job interview skills | | |
| Managing work/family balance, mental health | | |
| Creativity and innovation skills | | |
| Dealing with ethical and moral issues, privacy | | |
| Collaborating with other or third parties | | |
| What, if any, is your previous experience as a men | ntor | |
| How much time can you spend on the programme | ?* | |
| ☐ 1 to 2 hours per week | | |
| ☐ 1 to 2 hours per 2 weeks | | |
| ☐ 1 to 2 hours per month | | |
| ☐ 1 to 2 hours every other month | | |
| ☐ Other possibilities (please specify under "other") | | |
| | | |
| □ Other: | | |
| □ Other: | | |
| Guidelines and legal formalities | | |
| | | |

Guiding principles for mentors and mentees

- i) The mentor will always act in the best interest of the mentee
- ii) The relationship between a mentor and a mentee shall be on a professional level only and shall never be substance to manipulation neither by the mentor nor the mentee
- iii) At no time shall the mentee be in a dependency relationship to the mentor (e.g. accepting a job position from the mentor), as any staff recruitment is prohibited during the mentorship programme (1 year)
- iV) Any kind of discrimination is unacceptable, e.g. due to age, gender, sexual orientation, ethnic background, citizenship, or country of residence
- V) In case of unmet aims, a conflict or violation of the rules of conduct, or any other personal matter, EAN shall be contacted and informed immediately
- Vi) If either the mentor or the mentee believes the mentoring is no longer needed or not productive anymore, both should agree upon discussion to conclude the relationship

Vii) Any personal information shared between the mentor and mentee is confidential, unless both mentor and mentee agree that the information can be shared, and an agreement exists with whom it can be shared.

Qualities of a good mentor

- · Sharing skills, knowledge and expertise
- Acting as a positive role model and demonstrates appropriate attitude
- Taking a personal interest in the mentoring relationship
- Exhibiting enthusiasm in the field
- · Valuing ongoing learning and growth in the Field
- Providing guidance and constructive feedback
- Setting and meeting ongoing personal and professional goals

Do you have any conflicts of interest to declare? *

- · Acceptance of the mentee values and objectives
- · Ability to teach
- Critically evaluating and defining the mentoring relationship in a reflexive way
- Focus on career development as well as well-being
- · Practicing active listening

| □ No |
|--|
| ☐ Yes, please specify (under "other") |
| □ Other: |
| Guidelines & rules of the EAN Mentorship programme • No recruitment of my mentee for a job at my own department/hospital during the period of |
| mentorship programme (1 year) Commitment to have regular virtual meetings and at least one personal meeting with my mentee Participation in 3-month assessment of the mentor/mentee relationship for quality and ethical reasons Participation in Mentor-Mentee Training Webinar (time dependent) |
| Sending immediate information if circumstance change and participation in the mentorship programme is no longer possible |
| Confirmation of Mentorship programme guidelines & rules * |
| ☐ I agree to the guidelines & rules of the EAN mentorship programme stated above |
| ☐ I agree that any personal information shared between the mentor and mentee is confidential, unless both mentor and mentee agree that the information can be shared, and ar agreement exists with whom it can be shared |
| ☐ I confirm that all given information is correct |
| Curriculum Vitae * |
| ☐ I will mail my CV (including list of publications) to mentorship@ean.org to enable my application |