

**World Federation of Interventional and Therapeutic Neuroradiology**

**Mentorship Program  for Women in Neurointervention**

**Application Form for Mentees**

**REQUIRED INFORMATION**

Name:

Email address:

Stage in INR Career: (delete as appropriate)

* Considering entering INR – approximate expected time frame to INR training entry \_\_\_\_\_\_\_\_
* In training as INR – duration in months of fellowship INR training so far \_\_\_\_\_\_\_
* Practicing as Staff/Consultant/Attending – years in practice as same \_\_\_\_\_\_\_\_\_\_

Percentage of current total work time dedicated to neurointervention:

Nationality:

Languages proficient in: (could hold conversation or correspond with mentor)

Country of practice:

City of Practice:

Hospital name:

INR Fellowship Training Program name if applicable:

Original Subspecialty prior to INR: (Neuroradiology, Neurosurgery, Neurology, Stroke Physician, Other)

Are you involved in conducting and publishing research?

What type of mentorship are you seeking (select 1 or more as appropriate)

* Career related mentorship
* Research related mentorship
* Professional development

We may publish a list of mentees in the program on the WFITN website in the mentorship program section, including name, nationality, country, city of practice and hospital/training program name. If so do you agree to be included in the list? Please indicate yes or no

**BIOGRAPHY**

This, together with your name and the above provided information will be available to mentors in the program. By submitting this form you are consenting to this information becoming available to the WFITN support staff, WFITN members on the Women’s committee, and mentors. The information and your profile can be deleted from the program any time at your request. WFITN and mentors will have access to your email address which will be used to contact you.

*Fill here – suggested word count less than 100 words*

**BIOGRAPHY -** Information you **may** wish to include**, not compulsory:**

**Professional** – qualifications, short summary of INR experience so far if applicable, training institution for original specialty prior to INR

**Research** – brief summary of experience so far, areas of interest,

**Personal** – single/partner/married, children, pets, hobbies