

**SCTS Medical Student Mentorship Programme**

**Mentor Application Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate Name |  | | |
| Current Post & Hospital |  | | |
| Mobile Number: |  | E-mail Address: |  |
| Current SCTS Member | Yes No | | |

|  |
| --- |
| 1. **1. Describe your career progression and contributions to the specialty of cardiothoracic surgery.** |
| No more than 500 words |
| 1. **2. Describe how you would be able to mentor medical students aspiring for a career in cardiothoracic surgery, and in particular, any areas of expertise that you could offer.** |
| No more than 500 words |
| 1. **3. Provide any further information to support your application.** |
| No more than 500 words |

**Declaration:**

I hereby confirm that the details above are correct.

**Applicant signature:**

**Date:**

Please complete and return this form, as well as a brief CV, by email to isabelle@scts.org.

**Closing Date for applications:** 28th September 2022