



Mentoring application form – mentors

Thank you for applying to be a Professional and Support staff mentor. Please see the mentoring guidance for further information ([Mentoring Guidelines](#)). This form is confidential to Learning and Organisational Development and the mentoring matching panel as designated in the mentoring scheme.

Please complete this form as fully as possible. The information you provide will help us to match you with a mentee that has development/learning needs that most closely meet your experience and skills.

Name			
School/Professional Service department			
Telephone		Email	
Job Title		Grade	

Please give a brief overview of your current job, main responsibilities and career to date.

--

Please briefly state why you want to be a mentor. Please refer to the scheme as required and include any personal qualities/experience of developing others.

--

Please identify your areas of expertise and knowledge.

Areas of Expertise and Knowledge	Tick
Knowledge of Birkbeck and its culture	
Knowledge of the wider Higher Education sector	
Communicating effectively	
Confidence and assertiveness	
Dealing positively with change	
Improving resilience, work life balance and well being	
Management or moving into a management role	
Leadership or moving into a leadership role	
Negotiating and influencing skills	
Networking opportunities	
Personal organisational skills and workload management (prioritising, planning and time management)	
Project management	
Managing external suppliers	
Problem solving	
Strategic thinking and implementation	
Career development and planning e.g. any particular professional specialism Specific areas:	

Please list other specific areas of knowledge and experience relevant to professional and support roles not listed above, e.g. managing planning, supporting research.

Do you have any specific preferences in terms of the participant you would like to mentor? E.g. Manager, non-manager, someone outside your School or Professional Service department? We will take your preferences into consideration when matching, though it may not be possible to meet your preference.

Applicant Declaration

The information on this form will be used by the mentoring matching group.

By signing this agreement you will have your manager’s approval to be a mentor. It is expected that you will attend a training event, adhere to the mentoring scheme, actively participate in the mentoring process and contribute to the evaluation of the scheme.

Name: _____ **Signature:** _____

Date: _____

Line Manager Endorsement

I confirm the applicant’s suitability to be a mentor,* verify their experience and skills and agree to their participation.

*(Please see the mentoring guidelines)

Name: _____ **Signature:** _____

Date: _____

Thank you for completing this form.

Please return to: Kim Walsh, LOD Administrator, Human Resources, 1st Floor, Egmont House.