ESPR Early Career Investigator Mentoring Programme

in collaboration with BAPM

**– Application form for mentors –**

Submission date: XXX

**Personal information mentor:**

|  |  |
| --- | --- |
| **First name:** |  |
| **Last name:** |  |
| **Nationality:** |  |
| **Gender:** | Female: Male: Other: Prefer not to indicate: |
| **Current position:** |  |
| **Institution:** |  |
| **Country of work:** |  |
| **Email address:** |  |
| **Mobile phone:** |  |

**Description of research interests:**

[Please provide your answer of max. 250 words here].

**Description of support you could provide as a mentor:**

[Please provide your answer of max. 250 words here].

**Picture of yourself:**

[Please include below a picture of yourself in .jpg or .png format].

**Please fill in this document and return it to ‘**[**office@espr.eu**](mailto:office@espr.eu)**’.**