



# MENTORSHIP PROGRAM INTAKE FORM

To inform us of your desire to interact with another Institute member as a mentor and/or a mentee, **please complete this form and e-mail it along with a current CV to: [iph@ucalgary.ca](mailto:iph@ucalgary.ca)**

Please note that anything you discuss as part of your mentoring relationship will remain confidential.

SURNAME, GIVEN NAME(S), INITIAL(S)	ACADEMIC RANK & NUMBER YEARS IN AN ACADEMIC POSITION
EMAIL ADDRESS	PHONE NUMBER(S)
ORGANIZATION (e.g., U Calgary, Alberta Health Services, etc.)	FACULTY / DEPARTMENT / UNIT
DESIRED ACTIVITY (one or both) <input type="checkbox"/> Mentor (offer mentorship) <input type="checkbox"/> Mentee (desire mentorship)	
ACTIVITY FOR WHICH YOU CAN OFFER MENTORSHIP <input type="checkbox"/> Develop research program <input type="checkbox"/> Develop research funding plan <input type="checkbox"/> Build research partnerships <input type="checkbox"/> Prepare for salary support proposal <input type="checkbox"/> Prepare for team grant or other major funding opportunity <input type="checkbox"/> Prepare for promotion <input type="checkbox"/> Prepare for tenure <input type="checkbox"/> Take on team leadership <input type="checkbox"/> Develop teaching skills <input type="checkbox"/> Develop administrative skills <input type="checkbox"/> Work/life balance <input type="checkbox"/> Other (please specify):	ACTIVITY FOR WHICH YOU DESIRE MENTORSHIP <input type="checkbox"/> Develop research program <input type="checkbox"/> Develop research funding plan <input type="checkbox"/> Build research partnerships <input type="checkbox"/> Prepare for salary support proposal <input type="checkbox"/> Prepare for team grant or other major funding opportunity <input type="checkbox"/> Prepare for promotion <input type="checkbox"/> Prepare for tenure <input type="checkbox"/> Take on team leadership <input type="checkbox"/> Develop teaching skills <input type="checkbox"/> Develop administrative skills <input type="checkbox"/> Work/life balance <input type="checkbox"/> Other (please specify):
TIMELINE REQUIREMENTS FOR MENTORSHIP ACTIVITY (if any) Mentee's Deliverable (if relevant): Mentee's Deadline (if relevant):                      and/or timeline for relationship (if relevant):                      (< 6 months, 6-12 months, long term) Mentor or Mentee Availability Exceptions (if relevant):	
<p><b>Remaining fields are used to identify possible mentor / mentee matches</b></p> LIST EXISTING FORMAL OR INFORMAL MENTOR / MENTEE RELATIONSHIPS (optional): LIST ANY EXISTING INFORMAL MENTOR / MENTEE RELATIONSHIPS YOU WOULD LIKE TO FORMALIZE THROUGH THE PROGRAM (optional): LIST ANY CHARACTERISTICS YOU MAY BE LOOKING FOR IN MATCH (e.g. gender, age, position, organization, etc.; optional):	
LIST 3 KEYWORDS DESCRIBING YOUR RESEARCH 1. 2. 3.	MENTORS / MENTEES TO WHOM YOU SHOULD <u>NOT</u> BE MATCHED (optional)
	MENTORS / MENTEES TO WHOM YOU WOULD LIKE TO BE MATCHED (optional)
OFFERED EXPERTISE (e.g., specific methodology, statistics, scientific concept, etc.) 1. 2. 3.	REQUESTED EXPERTISE (e.g., specific methodology, statistics, scientific concept, etc.) 1. 2. 3.

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Matching process may take several weeks

***Note: Information submitted via intake forms may inform future program evaluation and research. Your personal information will remain confidential. Only anonymized and aggregated data will be used for these purposes.***