**Mentee Registration Form**

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| First Names: |  | Surname: |  |
| Telephone number for mentor contact |  | Email address for mentor contact |  |

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| **Preferred occupation** | | | |
| **Preferred occupation** |  | | |
| **Level of entry** | **1.** Graduate/trainee  **4.** Project/middle manager | **2.** Technician | **3.** Assistant/Junior Manager |
| **Sector** | Consultancy  Industry | Academia  Public & Civil  NGO/Charity | No preference  Other (please specify) |
| **Field** | Air Quality Management  Auditing/Env. Management  Built Environment/ Planning  Chemistry  Conservation/Ecology  Contaminated Land | Education & Training/Research  Enforcement/Monitoring/ Law  Health & Safety  Hydrology/Water Quality  Impact/Risk Assessment  Policy/Strategy | Sustainability  Tourism  Transport  Waste Management  Other (please specify) |

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| **Mentoring Reasons** | | | | | | | |
| **Rank these statements in the order that best explains your reasons for seeking a mentor ( ‘1’ for most important, ‘2’ for next etc)** | **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| Furthering my career/realising my full potential |  |  |  |  |  |  |  |
| Gaining specific skills |  |  |  |  |  |  |  |
| Building professional relationships/Networking |  |  |  |  |  |  |  |
| Guidance on how to enter a particular field/sector of environmental science |  |  |  |  |  |  |  |
| Advice on the recruitment process (applications and interview skills) |  |  |  |  |  |  |  |
| Enhanced awareness of job roles ‘day to day’ |  |  |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |  |
| What are you hoping to achieve from having a mentor? | | | | | | | |
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| **Preferences** | | | |
| **Approximately what length of time do you expect the mentoring partnership to last?** | 0-3 months | 3-6 months | More than 6 months |
| **Please indicate if you would prefer to be matched with a mentor of the same gender.** | Yes | No preference | |
| **Other information you would like us to consider during the matching process e.g. returning from maternity leave, career change** |  | | |
| **In a few lines please describe the profession/career you are hoping to get into.** |  | | |

**Please mark the Mentee Declaration, Data Protection Agreement, and Confidentiality Agreement to show that you have read and understood them.**

**Mentee Declaration**

* I will take responsibility for arranging the meetings/initiating telephone/email contact.
* I will inform my mentor immediately should I need to cancel a meeting. I understand that the onus for re-arranging a cancelled meeting rests with me.
* I will respond in a timely manner to all correspondence and telephone calls regarding the scheme.
* I will inform the IES Project Office immediately about any difficulties encountered e.g. breakdown of communications with the mentor.
* I understand that the IES is not liable for the advice or actions of participants in the mentoring scheme. Any advice given is the personal opinion of the Mentor and do not represent the views and policies of the IES.
* I declare that all the information contained within this form is true and accurate.
* I understand that if I do not adhere to the above conditions, I may be withdrawn from the scheme.
* I understand that if I do not make contact with or respond to correspondence from my mentor or the IES project office within a period of over 2 weeks without previously informing the IES project office as to the reasons for my absence, I will be withdrawn from the scheme.

**Data Protection**

I understand that the information contained in this form will be processed in accordance with existing data protection legislation. I also understand that my details will be stored electronically and may be sent to potential Mentors in order to provide this service. I have read the IES’s [Privacy Statement](https://www.the-ies.org/about_us/privacy-statement) and agree to my details being used for the purpose of administering activities for this Mentoring Scheme.

**Confidentiality Agreement**

* All information shared between Mentors and Mentees will be considered Confidential Information, unless the subject of that information clearly states otherwise. This information may be personal or business.
* You will not disclose any of this Confidential Information to anyone.
* You agree to abide by the terms of the IES [Data Protection Policy](https://www.the-ies.org/sites/default/files/documents/data_protection_policy.pdf)

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|  | Date: DD/MM/YYYY |  |  |
| (Signature of Applicant) - *e-signatures are sufficient* |  | | |

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| Please send your completed form to: |
| **Institution of Environmental Sciences, 3rd Floor, 140 London Wall, London, EC2Y 5DN**  ***or* print, sign, scan and email to** [**info@the-ies.org**](mailto:info@the-ies.org)**.** |