

Mentoring for Women

Mentee's Application Form

Mentoring Program of the Medical Faculty of the University of Bern and NCCR TransCure

Documents to attach to the application : updated CV, list of publications

1. Your Data

Last Name	
First Name	
Date of birth	
Office address	
Office phone number	
Office e-mail	
Private e-mail (optional)	
Cellphone number	
Current funding / grant with end date	
Current position / career ladder (PhD Student, post Doctorate fellow, tenure track or junior team leader, Assistenz or Oberassistentz, Oberärztinnen or Ärzte)	
Supervisor's contact information	

The application form can be sent at any time during the year. Please provide all documents in an electronic format, preferably as pdf, and send them to the above e-mail address.

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2. Academic career planning in relation with the mentoring

Explain what is your motivation to join the mentoring program

3. Additional remarks or information

When do you want to start?	
Anything we should know to best fit a mentor?	

For more information, please contact myriam.angehrn@meddek.unibe.ch or call 031 632 41 60.

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