

# I would like to become a mentor



**We need to know some details about you!**

**Please complete the fields below**

PERSONAL DETAILS	
Family name, First name:	
Last position title in WHO:	
Grade:	
Region and duty station:	
Number of staff previously supervised:	
E-mail address:	

TECHNICAL EXPERTISE / SPECIALISATION	
Category area (CN) network:	e.g. Communicable diseases
Programme area (PAN) network:	e.g. Malaria
Other areas outside of CN and PAN in which you could mentor:	e.g. Monitoring and evaluation e.g. Grant management e.g. Mental Health e.g. Autonomy and team-work e.g. Research and development e.g. Management Skills e.g. Work-life balance e.g. Research and development e.g. Epidemiology

**SPECIFIC MENTORING QUALITIES THAT SUPPORT THE MENTORING PROGRAMME OBJECTIVES**

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**PLEASE PROVIDE US WITH A SHORT BIOGRAPHY WHICH WOULD BE REVIEWED BY POTENTIAL MENTEES WHEN SELECTING A MENTOR (MAX. 1 PAGE)**

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**PREFERRED LANGUAGE(S) FOR MENTORING**

English	
French	
Any additional language	

**MENTORING QUESTIONS**

1. Why would you like to be a mentor?	
2. What are your expectations of mentoring?	
3. What are the skills you feel you will best be able to share and nurture in a mentee?	
4. Do you feel ready to commit the necessary time to mentoring a colleague?	
5. Do you feel ready to take on more than one Mentee?	
6. Any other pertinent information that you might like to share	

***Thank you for your interest in becoming a mentor!***