



## ESBRA Mentorship Program Application Form

I, \_\_\_\_\_ would like to apply for the ESBRA Mentorship Program as :

Mentor     Mentee

I work as a \_\_\_\_\_ in \_\_\_\_\_

I would like to apply for :

Program 1 (Senior PI ↔ Junior PI)

Program 2 (PI ↔ Student/Postdoc)

My fields of expertise/research are : \_\_\_\_\_

\_\_\_\_\_

I have a clinical activity ?  Yes     No

Please, verify that you attach to your application form :

a short CV

a motivation letter detailing your interest in joining mentorship program, the objectives you would like to achieve.

e-mail address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By joining the ESBRA Mentorship Program, I undertake, if I have not already done so, to become a member of ESBRA for the duration of my commitment.

Date :

Signature :