

**World Federation of Interventional and Therapeutic Neuroradiology**

**Application Form for Mentors**

**REQUIRED INFORMATION**

Name

Country of Work

Nationality (country of origin)

Email address

Are you interested in providing (select 1 or more appropriate)

* Career related mentorship
* Research related mentorship
* Professional development

**BIOGRAPHY**

This, together with your name, and country of work, will appear on the WFITN website mentorship program section. It may be edited before publication, however we will confirm the final version is agreeable to you. By sending this to WFITN you are consenting publication of this material on the website. Please see separate attachment detailing information you may like to include in your Bio.

Fill here – suggested word count less than 250.

**BIOGRAPHY - Information you may wish to include, not compulsory:**

Professional – qualifications, place of work, short summary of case load/case mix, number of INRs, proportion of women INRs in your centre, fellowship training institution, original specialty pior to INR, training location for original specialty

Research – experience as principal investigator, co-investigator, publications, areas of interest,

Personal – single/partner/married, children, pets, languages proficient in (could hold conversation with mentee)