

**World Federation of Interventional and Therapeutic Neuroradiology**

**Mentorship Program  for Women in Neurointervention**

**Application Form for Mentors**

**REQUIRED INFORMATION**

Name:

Email address:

Years practicing INR as Staff/Attending/Consultant:

Percentage of total work time dedicated to neurointervention:

Nationality:

Country of practice:

City of Practice:

Hospital name:

Original Subspecialty prior to INR (Neuroradiology, Neurosurgery, Neurology, Stroke Physician, Other):

Are you involved in conducting and publishing research?

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 the above provided information (with exception of your email address) will appear on the WFITN website mentorship program section as your profile. It may be edited before publication, however we will confirm the final version is agreeable to you. By submitting this form you are consenting to publication of this material on the website. The information and your profile can be removed any time at your request. WFITN and mentees will have access to your email address which will be used to contact you.

*Fill here – suggested word count less than 100 words*

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

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

**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)