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**Application form – International Mentoring programme – Mentees**

Please send the **application form to**:

Gleichstellungsreferentin der Medizinischen Fakultät, Elke Mätschke [maetschke@uke.de](mailto:maetschke@uke.de)

**Personal details**

Academic title:

How would you like to be addressed?

First name(s):

Family name(s):

Date of birth:

“Zentrum” at UKE:

Institute/Clinic at UKE

Work address:

Work telephone/mobile:

E-Mail:

Private address:

Private telephone/mobile:

Private E-Mail:

Child/ren: yes □ no □

How many? Age of child/ren:

Do you need childcare during the seminars on Friday evenings or Saturdays?

yes □ no □

**Training, Studies and Work experience**

Employment contract: since: to:

Academic degrees/ titles:

Dissertation: University, date, subject and title of dissertation

Relevant further training qualifications:

“Facharztausbildung” □ yes, completed at:

□ yes, □ in progress, completion planned for:

□ no

**Scientific work and professional field**

Main areas of work/ subject related:

Your (please choose and describe)

□ Areas of work

□ Academic work

□ Teaching experience, present teaching commitments at UKE and other higher education institutions

□ Involvement and role in scientific working groups

Experience in *interdisciplinary* Research:

□ yes Please describe context:

□ no Any ideas and plans yet?

Management and leadership experience and roles?

Please describe your career goals and the necessary steps to achieve them.

**Project description and milestones:**

**Which project do you plan to work on or take on in the next 24 months, Oct. 2021 – Sept. 2023, during the mentoring phase? (A description of one of your current projects is also possible)**

**Your motivation, goals and expectations on the diversity aspects which specifically apply to you.**

What would you like to achieve in participating in the “International Mentoring Programme”?

In which way could *mentoring support you achieving your stated goals? What are your expectations?*

How could *coaching* support you in *achieving your stated goals*? Have you had previous experience with coaching?

Which aspects of diversity are relevant for your participation on this programme?

How could these aspects be considered during the programme? What are your suggestions?

**Your expectations regarding the mentor**

Do you wish to be matched with

□ a female mentor □ a male mentor □ open to any gender □ no specific wish up to now

Which subject related/ professional/ family (e.g. children) or cultural background should the “ideal mentor” have? What are your ideas?

Should aspects of diversity play a major role in your mentoring relationship? Please state which aspects are important to you:

Please complete the sentence:

My mentor should…

**Training: Which areas of training would you find useful? Please add more …**

* Career planning and work-life-balance
* „Habilitation“: Requirements at the Medical Faculty Hamburg Eppendorf
* Networking, strategies and micro-politics in scientific communities and Faculties
* Presentation, self-presentation and social media
* Project management
* Raising third party funds for research and personal career development
* German as a foreign language at my workplace
* Leadership and team development
* Mindfulness and handling of stress
* …

**Additional suggestions:**

Ideas, wishes, requirements, suggestions…

**Organisational requirements:**

*Please hand in the following digital documents in one PDF-document including YOUR NAME in the PDFdocument title by* **17th Oct. 2021**

* *Letter of motivation*
* *Application form Curriculum Vitae*
* *List of publication (Impact factor)*
* *List of third party funds, (eigene Drittmitteleinwerbung)*
* *Tableau of Teaching*
* *Diplomas, Certificates, …*
* *Project plan*
* *References*

*We will contact you for a possible interview between 21. Oct. 2021-17. Nov. 2021.*

**Data storing**

**I agree that my data may be stored (digital and possibly analogue) for the organisation, and evaluation of the mentoring programme. This data could be accessed for future evaluation surveys.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_