

MEDICAL EDUCATION UNIT
<http://medicaleducationunit.yolasite.com>
Mentoring Program 2011

Thank you for volunteering for the Student Mentoring Program of the Medical Education Unit. Before we take a decision, we would like to learn a little more about you. Please answer the following questions as best you can.

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| Your name and semester | |
| Contact Phone number | |
| Email id (block capitals only) | |
| Were you a student mentor in 2010? | |
| If yes, did you fill and return the feedback form? | |
| Have you cleared all your previous professional exams at this time? If not, which papers are still pending? | |
| Have you taken part in extracurricular activities in UCMS? If yes, please list | |
| Have you ever participated in research, in UCMS or in school? If yes, please provide details | |
| Have you ever organised an event in UCMS or in school? If yes, please provide details | |
| If possible, please provide the contact details of a faculty member who can vouch for your ability to be a role model | |

Thank you. We will be in touch regarding your induction as a student mentor, as well as with the date of the mentoring orientation program; we will use the contact information provided by you in this form.