**FORM 2 A - Mentor Application Form**

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| Section 1: Personal details | |
| Title | Dr Mr Mrs Ms  Other ( ) |
| Name |  |
| Surname |  |
| Correspondence Address  Street address:  Postal code:  Phone:  Mobile:  E-mail address: |  |

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| Section 2: Qualifications/Experience (applicants must fulfil at least two of the criteria) | | |
| a) | Have a scientific qualification in life sciences and / or medical qualification, e.g. MB, ChB, BSc and / or postgraduate medical or scientific diploma or degree,　e.g. MSc, PhD | Yes　 　No |
| b) | Have a minimum of eight (8) years’ experience in the various areas of medicines development and can demonstrate the necessary breadth of experience in their discipline associated with medicines development science / pharmaceutical medicine. | Yes　 　No |
| c) | Undertake Induction training before approval as a Mentor, and be willing to attend further training and update sessions as requested or required. | Yes　 　No |
| d) | Be prepared to be the Mentor for a participant for the full period of training until SMD certification, as circumstances permit, and be willing to attend the participant’s Annual Review meetings, organised by the SEG & overseen by the PCB. | Yes　 　No |
| e) | Be actively undertaking continuing professional development in their discipline associated with medicines development science / pharmaceutical medicine. | Yes　 　No |

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| Section 3: Condition of agreement | |
| By submitting this completed application form I agree to meet the following conditions:   * Undertake induction training before I am fully recognized as a SMD Mentor, and attend update sessions about every two (2) years or as required * Be prepared to be a SMD Mentor for a trainee, recognizing the time commitment that this entails * Be willing to provide ongoing supervising and monitoring or trainee‘s performance in accordance with the SMD program guideline * Be willing to attend each annual review * Be prepared to provide support, if required, for a reasonable period (e.g. 12 months) on the SMD register * Full engage in the revalidation process | |
| Section 4: E-mail network for Mentors | |
| PCB has set up an e-mail network for SMD Mentors, which is permission based. The list itself will be maintained and updated by the PCB Office, and distributed to those on the list each quarter. It will be marked confidential and Mentors will be asked not to pass these data on to other parties or to use the list for purposes not related to inter communication with other Mentors. Official communications from PCB will not be sent via this network.  Please note that PCB is unable to accept responsibility for any misuse or onward distribution of these data.  If you are happy for your e-mail address to be circulated to other Mentors, please tick this box |  |

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| Section 5: Data Protection | |
| In order to comply with Data Protection laws, it is essential that we have your permission to use personal data held on you, for the purpose of the PCB, carrying out any reasonable activity for the efficient administration of its statutory and regulatory obligations with regard to the recognition and approval of Mentor in pharmaceutical medicine. These data will only be disclosed, as part of the process of administering the recognition of Mentors, with (as appropriate); | |
| Employing organization |  |
| Others (Please specify) |  |

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| Mentor applicant’s name |  |
| Mentor applicant’s signature |  |
| Date (DD/MM/YYYY) | / / |

Autorizzo il trattamento dei miei dati personali \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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For SEG & nPCB use only:

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| Date reviewed by SEG  (DD/MM/YYYY) | / / |
| Date reviewed by nPCB  (DD/MM/YYYY) | / / |
| Remarks by nPCB |  |
| Assessment result | Appropriate for SMD program  Inappropriate (specify the required action below):  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |