

AGREEMENT TO PARTICIPATE IN MASH'S MENTORSHIP PROGRAMME

I, _____ am happy to list myself as mentor of the MASH Mentoring Programme.

I understand that I am not encouraged to take on more than 2 mentees at a time so as to enable me to focus on the needs of the current mentees.

Name : _____

Designation : _____

Current place of Work : _____

Address of Place of Work: _____

Web address (if any) : _____

Number of years of experience : _____

Contact number : _____

Email : _____

Areas of mentoring strength (tick as appropriate)

CLINICAL AREAS		Please tick here
SPEECH	Paediatric Language	
	Adult Speech & Language	
	Voice	
	Fluency	
	Hearing Impairment	
	Speech Motor Disorders	
	Cleft & Craniofacial Health	
	Head and Neck Health Issues	
	AAC as a communication tool	
	Adult Swallowing	
	Paediatric Feeding	
	Autism and Social Communication Impairments	

	Speech Sound Disorders	
	General	
AUDIOLOGY	Paediatric Testing	
	Adult Testing	
	Paediatric Fitting	
	Adult Fitting	
	Auditory Processing Disorders	
	Balance disorders	
	Tinnitus	
	Noise Induced HL	
	Audio Education Intervention	
	Aural Rehabilitation	
	General	
OTHER AREAS	Teaching & Presenting	
	Web presence and online Speech Therapy	
	Research	
	Professional writing	
	Administration & Management	
	Event Planning & Management	
	Establishing a practice	
	Counselling and Care	

Please indicate any other area missed out here on this form. Thank you.
