

Mentorship - Application

Mentee

[*Required information]

Email * _____

I grant permission to the **EMEAC** to *

1. Collect my personal/the collective entity I represent data for the **EMEAC** records.
2. Use and make use of my contact information (name, email, address, phone number) for communication purposes (solely for purposes related to the mentorship program)

I am informed that I have the right to withdraw the present consent at any time

Date * (day, month, year)

Personal and professional information

First Name: _____

Last Name: _____

Title: _____

Hospital/Institution name: _____

Address of your Institution: _____

Country of residency / your Institution: _____

Current position: _____

Email address: _____

Date of birth: _____

Gender: _____

Languages spoken: _____

Year of obtaining degree of specialty in neurology/clinical neurophysiology or academic position:

What are your scientific areas of interest in clinical neurophysiology?

- ☐ Aging and Dementias
- ☐ Auditory and vestibular physiology and disorders
- ☐ Computer-brain interface
- ☐ Electroencephalography (scalp and intracranial recording)
- ☐ Magnetoencephalography
- ☐ Evoked potentials
- ☐ Intraoperative and intensive care unit monitoring
- ☐ Motor neuron, neuromuscular diseases and neuropathies
- ☐ Movement, motor control and movement disorders

- ☐ Neonatal neurophysiology
- ☐ Nerve and muscle excitability
- ☐ Nerve conduction studies, electromyography and single fiber electromyography
- ☐ Neural plasticity, functional adaptation and recovery
- ☐ Neuroimaging and brain mapping
- ☐ Neuromodulation, brain stimulation
- ☐ Neurophysiologic evaluation of autonomic function
- ☐ Neurophysiology of cognition
- ☐ Pediatric and developmental neurophysiology
- ☐ Psychiatric disorders and neurofunctional disorders
- ☐ Sensation, central sensory pathways and their disorders, pain
- ☐ Signal processing and modelling
- ☐ Sleep and disorders of consciousness
- ☐ Ultrasonography of nerves and muscles
- ☐ Other:

Please declare the main professional area where you seek mentoring:

Academic advice on:

- ☐ Research
- ☐ Presentations and lectures
- ☐ Publications
- ☐ Applications (grants, funds, other)
- ☐ Creativity and innovation
- ☐ Dealing with ethical and moral issues, privacy
- ☐ Other:

Clinical work-field advice on:

- ☐ Clinical education
- ☐ Career-building in clinics
- ☐ Career-building in private practice
- ☐ Other:

Other aspects on:

- ☐ Managing work/family balance
- ☐ Networking and communication
- ☐ Other:

What are the most motivational factors for joining this mentoring program?

- ☐ Improving scientific output
- ☐ CV improvement
- ☐ Improving clinical output
- ☐ Networking
- ☐ Better work-life balance
- ☐ Other:

How much time would you need from a mentor in this programme?

- ☐ 1-2 hours per month
- ☐ 1-2 hours every 2nd month
- ☐ 1-2 hours every 3rd month
- ☐ 1-2 hours every 4th month