



## Mentor Program Application Form

First name:

Surname:

Employer name:

Employer address:

State:

Country:

Phone number: (mobile)

(work)

Email:

Current role:

Experience (years):

**Application to participate as (select one)**     **Mentor**     **Mentee**

Mentors, please nominate your areas of expertise.

Mentees, please nominate areas in which you are seeking guidance.

**Core clinical skills**

*PSG Setup techniques & tips*

*Oxygen titration*

*Adult PSG scoring*

*CPAP titration*

*MSLT / MWT*

*Paediatric PSG scoring*

*CPAP troubleshooting*

*Overnight oximetry*

*TcCO<sub>2</sub>*

*Actigraphy*

**Advanced clinical skills**

*NIV titration / NIV troubleshooting*

*Identifying neurological disorders*

**Technology**

*Configuration/montage development*

*External devices*

*Calibration procedures*

**Research**

*Getting started in research*

*Leading research projects*

*Advancing your research*

**Professional skills**

*Communication skills*

*Accessing and critiquing journal articles*

*Career progression*

*Public speaking & presentations*

**Laboratory management**

*Setting up a facility/service*

*Accreditation processes*

*Leadership development*

**Other**

### Curriculum vitae

Submitted applications must include current curriculum vitae.

### Consent

I have read and understood the terms and conditions of the ASTA Mentor Program.

Sign if paper copy

or print name if online (and send by email, as evidence of consent)

Date: