



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

TcCO₂

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: _____