**TRAINEE NAME:**

MENTOR INFORMATION FORM

A copy of this form must be completed and submitted by each Mentor. For the purposes of this competition, the identified mentors must not include the Primary Research Supervisor, Co-supervisor or any other members of the Trainee’s supervisory committee. A different form is used to provide information on the Primary Research Supervisor and any Co-supervisor(s). This page only may be submitted for each Mentor.

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| --- | --- |
| MENTOR NAME | POSITION TITLE, INSTITUTION / ORGANIZATION, AND MAILING ADDRESS |
| SIGNATURE OF MENTOR  The undersigned agrees to, and accepts, the general conditions governing any award made pursuant to the sponsorship of this application, as set out in the AI Guidelines.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **EMAIL:** |
| Please describe how your experience and background makes you a suitable mentor for the Trainee. In what ways can you support the Trainee’s growth and preparation for a high-impact career in the health research and innovation ecosystem? | |
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