

MENTOR CONSENT FORM

I give my permission for the Schulich School of Medicine & Dentistry, University of Western Ontario to include my name, contact information, Academic Role Category, and areas of academic interest on the Mentor Matching Portal located on the Clinical Faculty Affairs website. This portal has been created to enable clinical faculty to search for a clinical faculty mentor by matching Academic Role Category and academic interests to their own.

Please complete the information below and return it to kay.hickey@schulich.uwo.ca

NAME: _____

SIGNATURE: _____

DATE: _____

DEPARTMENT: _____

EMAIL ADDRESS: _____

ACADEMIC ROLE CATEGORY (ARC): _____

AREAS OF ACADEMIC INTEREST:

1. _____

2. _____

3. _____

HOW MANY MENTEES WOULD YOU BE WILLING TO MENTOR: ____

Thank you.

Laura Foxcroft, MD, CCFP (EM), FCFP
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