**ISSCD M-in-M Programme**

**Application form**

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| Name of Mentee |  |

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| Name and address of the institution where the Mentee is currently based |  |

You may list up to three mentors:

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| --- | --- |
| Name of **Primary** Mentor (1) |  |
| Name and address of the institution of the Mentor |  |
| Mentor’s relevance to coeliac disease |  |

|  |  |
| --- | --- |
| Name of Mentor (2) |  |
| Name and address of the institution of the Mentor |  |
| Mentor’s relevance to coeliac disease |  |

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| Name of Mentor (3) |  |
| Name and address of the institution of the Mentor |  |
| Mentor’s relevance to coeliac disease |  |

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| **Aim of the mentee – mentor interaction (max 300 words)**  |
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| **Expected use of funding (max 300 words)** |
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| **Expected outcomes to gain from the programme (max 300 words)** |
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I have attached:

1.  Brief CV of the Mentee (no more than two A4 pages)
2.  Mentor/s letter/s of support
3.  Brief CV of Mentor/s (no more than two pages A4 each)
4.  Reference letter for the mentee (Referee letter)

**Signed Mentee:**

**Date:**