

Allergy Nurse Mentorship Programme Application Form

Thank you for your interest in the Allergy Nurse Mentorship Programme. Please complete the following application form to help us understand your background and interests. This will assist us in matching you with the most suitable mentor.

Personal Information:

Full Name:

Email Address:

Current Position/Title:

Years of Nursing Experience:

Are you a member of BSACI?

Application for Mentor or Mentee or both

Professional Details:

Are you currently working in:

<input type="checkbox"/>	Paediatric Allergy
<input type="checkbox"/>	Adult Allergy
<input type="checkbox"/>	Both Paediatric and Adult Allergy
<input type="checkbox"/>	Other (please specify)

Region/Location:

(Please specify the region you are currently working in e.g., North America, Europe, etc.)

Interests within Allergy:

Please select your areas of interest within allergy:

(Check all that apply)

<input type="checkbox"/>	Food Allergy
<input type="checkbox"/>	Drug Allergy
<input type="checkbox"/>	Environmental Allergy (e.g., pollen, dust mites)
<input type="checkbox"/>	Anaphylaxis
<input type="checkbox"/>	Asthma related to Allergies
<input type="checkbox"/>	Immunotherapy
<input type="checkbox"/>	Diagnostic Testing (e.g., skin prick tests, blood tests)
<input type="checkbox"/>	Patient Education and Counselling
<input type="checkbox"/>	Research in Allergy
<input type="checkbox"/>	Other (please specify)

Please describe why you are interested in participating in this mentorship programme:

Mentorship Goals:

What are your primary goals for participating in this mentorship programme?

Is there any specific area you would like your mentor to focus on?

Additional Information:

Any other information you would like to share:

Submission:

Date of Application:

Please email your completed application to Nurses@bsaci.org