



Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists

ASCEPT Mentoring Program

Mentee Profile

Name	
Current Position/Title	
Complete Work Address	
Email	
Telephone	
Fax	
Skype username	
Years experience (eg 2 nd year PhD, postdoc, academic)	
Prior mentee/mentor experience	
Developmental goals	
What issues would you like to discuss with a mentor? eg grant funding, leading a research group, student supervision, teaching and learning, curriculum development, government, pharmaceutical industry, clinical research.	
Preferred mentor background, experiences, geographical location	
Name of suggested mentor	
Photo	

Signature: _____ Date: _____

Please submit this form at the conference registration desk or by email to ascept@ascept.org

**ASCEPT is the professional and independent society in Australia and New Zealand
with expertise in the use and toxicity of medicines and chemicals**

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