**INAHTA Mentorship Program**

*Request for Mentorship*

Please complete the following form and submit it to the INAHTA Secretariat via email at [INAHTA@ihe.ca](mailto:INAHTA@ihe.ca) or fax to +1 780 448 0018. If a formal procurement document exists, please attach it to this form and highlight any specific requirements to submit a proposal. Further details of the INAHTA Mentorship Program are provided in the *INAHTA Mentorship Guideline* document available on the INAHTA website <http://www.inahta.org/hta-tools-resources/mentorship/>.

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| Requestor information | | | |
| Name: |  | | |
| Email: |  | | |
| Telephone: |  | | |
| Mailing Address: |  | | |
| Date of request submission  (dd-mm-yyyy): |  | | |
| Agency information | | | |
| Are you requesting mentorship for an existing HTA agency? | Y N | | |
| * If **yes**: |  | | |
| What is the agency name? |  | | |
| Agency website? |  | | |
| What ‘level’ is the agency? | Local  Regional  National  Hospital  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| * If **no:** Please describe your situation: who is involved/interested in this mentorship and what are your future goals? |  | | |
| Description of mentorship requested | | | |
| Date/period mentor needed: *(e.g., as soon as possible for 6-12 months)* |  | | |
| Deadline to receive mentorship proposals: |  | | |
| *Please describe the type of mentorship you require. Be as specific as possible. Max 500 words.*  *(Example: “We are a secretariat that has been formed to provide evidence-based guidance to a Committee on the investment in new non-pharmaceutical health interventions and re-prioritization of existing non-pharmaceutical interventions. While the current team comprises economists, policy analysts, clinicians, epidemiologists and a biostatistician, the team currently lacks strong leadership in systematic review. We are seeking an individual to come and work in our team for a period of 6-12 months to establish a framework for systematic review within a decision-making context and to develop the skills of existing members of the team. Such a framework/program needs to take into account the unique context within which the team works – including the short time frames in which advice is required, and the often limited evidence with which decisions need to be made (particularly with regards to non-pharmaceutical technologies).* | | | |
| *Please describe any specific expertise, skills or other requirements (including language proficiencies) you seek in the mentor. Max 250 words.*  *(Example: “This mentor/individual will ideally be a methodologist who can clearly articulate the implications of bias for decision-makers, and who is willing to create tools for the team to use in their appraisal of non-pharmaceutical interventions. They should be fluent in English and, if possible, Spanish as well.”)* | | | |
| Financial aspects | | | |
| *Please provide an estimate of costs and funding sources for the mentorship (e.g., travel costs, visas, stipend/salary, incidentals, materials & equipment, etc.) and the source of the funding expected.* | | | |
| Item  (Travel, accommodation, stipend/salary, materials, etc.) | | Amount  (Indicate currency): \_\_\_\_\_\_\_\_\_\_ | Indicate the source of funding support (your agency, the mentor, external source, etc.) |
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| Additional Information | | | |
| *Provide any additional information you wish.* | | | |