



## FICE mentor application form

### Applicant Information

Full Name: \_\_\_\_\_  
*Last* *First* *Job title*

Hospital address: \_\_\_\_\_  
*Hospital* *Hospital address*

\_\_\_\_\_ *City* *Postcode*

Telephone no.: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Echocardiography experience

#### Recognised qualifications

- BSE accreditation  FEEL accreditation
- Other, please specify:

#### Summarise your training and level of expertise

\_\_\_\_\_

\_\_\_\_\_

### Local supervisor

*Note: A supervisor must carry full BSE accreditation eg. TTE, TOE, Critical Care. If you carry full BSE accreditation and wish to work as both mentor and supervisor, please provide your own details here.*

Full Name: \_\_\_\_\_  
*Last* *First* *Job title*

Hospital address: \_\_\_\_\_  
*Hospital* *Hospital address*

\_\_\_\_\_ *City* *Postcode*

Telephone no.: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

BSE membership no. \_\_\_\_\_