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**FIP YOUNG PHARMACISTS GROUP**

**FIP MENTORSHIP PROGRAM**

**Application Form for**

**Young Pharmacists and**

**Pharmaceutical Scientists**

**2018**

**INTERNATIONAL**

**PHARMACEUTICAL**

**FEDERATION**

**(FIP)**

**General Regulations**

**Description of the Program**

The aim of the mentorship program is to provide mentorship for young pharmacists and pharmaceutical scientists who are developing their career. Mentors are intended to provide general advice to the young pharmacist/pharmaceutical scientist about career development. The Mentor/Mentee pair are not intended to be matched perfectly in academic specialty, but rather, have similar pharmacy career path interests.

**Application and Procedures**

Young pharmacists and pharmaceutical scientists can submit an application that addresses the need for mentorship. The applicant has to clearly specify the issues he/she is facing about his/her career and the expectations from the mentorship program.

**Eligibility and Limitations**

Only individual members of FIP Young Pharmacists Group (YPG) are eligible to apply.

Each applicant can only submit one application and have only one mentor at the same time.

**Application is rolling**

The program will be continuous and the applications are accepted anytime.

**Matching process**

All entries received will be reviewed by a panel nominated by FIP YPG, which will then pass the applications to up to 3 potential mentors. The potential mentors will assess the applications and decide whether to accept the mentee.

The potential mentors will be identified based on three criteria as follows:

The relevance of the themes to the mentor.

The former experiences the applicants have.

The mentorship plan proposed.

**Report submissions by program mentees:**

* Provide semi-annual personal development reports (no longer than 500 words) to the mentor (1 report every 6 months)
* Participate at least in a quarterly communication with mentor (once every 3 months)
* Complete yearly evaluations of the Mentorship program and of the Mentor.

**Report submissions by program mentors:**

* Participate at least in a quarterly communication with mentor (once every 3 months)
* Complete yearly evaluations of the Mentorship program and of the Mentee.

**The information in this section aims to explain the various parts of this application form.**

**Applicant**

Any young pharmacist or pharmaceutical scientist who is a member of the FIP YPG can apply. This is a one-to-one program. Please apply only on your behalf.

**Signature**

The signature is the authorization for FIP to review and use the information provided by the applicants for the program. Also by signing this, the applicants understand the terms and obligations in participating the program

**Themes**

Please select one to three themes that best matches the themes you are involved in and your career plan is. You are free to define new fields that are applicable to your plan. The themes you choose help reviewers and potential mentors have a quick idea of your plan.

**Areas of Growth**

Please identify your current working/studying field and major tasks, your career plan and the issue or problems you would like to address.

**Expectation from the Program**

Please describe what you see in this program, what kind of assistance you need and how the mentor can provide such assistance.

**Proposed mentorship plan**:

The applicant must specify a desired 1-year mentorship plan that includes how often they would like to talk with their mentors.

**Submitting the application**

Please send your application by email to [ypg@fip.org](mailto:ypg@fip.org)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Details of the applicant**  ***Please attach a short Curriculum Vitae (CV) of the applicant****.* | | | | | | | |
| Name |  | | | | | | |
| FIP Membership Number |  | | Professional occupation | | |  | |
| Street address |  | | | | | | |
| Postcode |  | | City |  | | | |
| Region |  | | Country |  | | | |
| E-mail: |  | | | | | | |
| Telephone | prefix | number | Fax | | prefix | | Number |

|  |
| --- |
| **Signature** |

By signing this application, the applicant agrees and understand the following terms:

1. All information contained in this application is truthful and accurate to the best of your knowledge, and no relevant information has been withheld.
2. The applicant is obliged to keep the international pharmaceutical federation and young pharmacists group informed of any changed concerning the mentorship plans
3. In the event of a successful match of the mentorship, the applicant is obliged to submit reports and updates as required by the International Pharmaceutical Federation.

I affirm that this application for the Young Pharmacists/Pharmaceutical Scientists’ Mentorship is original and all information provided is truthful and accurate. I further affirm that I have read and understood the rules of the program.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s name: |  | | |
| Place |  | Date |  |
| Signature |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Main themes for the Interests**  *The topics listed below are examples. The applicant is free to define new themes/subjects applicable to the project.* | | | | |
| *Please tick (*) *a maximum* *of 3* *boxes (*) | | | | |
| *International cooperation* | *Compounding & drug development* | | | *Continuous professional development* |
| *Emerging trends in practice* | *Research & model designs* | | | *E-pharmacy & new technologies* |
| *Rural healthcare development* | *Diagnostics & clinical practice* | | | *Novel community pharmacy services* |
| *Access to medication* | *Pharmaceutical analysis* | | | *Medication management practices* |
| *Vaccination services* | *Biotechnology & pharmacogenetics* | | | *Professional development & promotion* |
| *Healthcare promotion* | *Epidemiology & post market research* | | | *“Seven-star” pharmacist* |
| *Managing disease outbreaks* | *Drug targeting & drug delivery* | | | *Other (specify: )* |
| *Anti-drugs/substance abuse* | *Herbal & traditional medicines* | | | *Other (specify: )* |
| *Disadvantaged people* | *Academia & pharmacy education* | | | *Other (specify: )* |
| *Please choose 3 sections or SIGs of FIP that you’re interested in the most. This helps us direct your application.*  *Please tick (*) *a maximum* *of 3* *boxes (*) | | | | |
| *Sections: (See* [*http://fip.org/pharmacy\_practice*](http://fip.org/pharmacy_practice) *for introductions)* | | | | |
| *Academic pharmacy*  *Clinical biology*  *Community pharmacy*  *Health and medicines information* | | *Hospital pharmacy*  *Industrial pharmacy*  *Military and emergency pharmacy*  *Social and administrative pharmacy* | | |
| *Special Interest Groups (See:* [*http://fip.org/pharmaceutical\_sciences*](http://fip.org/pharmaceutical_sciences) *for introductions)* | | | | |
| *Drug Design and Discovery*  *Natural Products*  *Formulation Design and Pharmaceutical Technology*  *Pharmacokinetics (PK), Pharmacodynamics (PD) and Systems Pharmacology*  *Translational Research and Individualized Medicines* | | | *Biotechnology; this SIG currently has 1 focus group: Vaccine*  *Analytical Sciences and Pharmaceutical Quality; this SIG currently has 1 focus group: Pharmaceutical Enzymes*  *Pharmacy Practice Research*  *Regulatory Sciences; this SIG currently has 4 focus groups: Dissolution/In vitro drug release, BCS and Biowaivers, BA/BE and Clinical Bridging Studies* | |

**Areas of Growth:**

*Describe the current area you’re working in and how you plan your future development. (Max. 250 words)*

**Expectation from the program:**

*Describe the problem you are facing or the issues you concern now and how the program/mentor can help you (Max. 250 words)*

**Proposed Mentorship Plan:**

*Provide a simple plan on how you want to work with your mentor (Max. 250 words)*

**Note:** Participation of FIP Annual Congress is not obligated but highly suggested.

~ Thank you for your application. We will get back to you soon~