



BRAINS

*Broadening the Representation of
Academic Investigators in NeuroSciences*

MENTORING CIRCLES ID, PREFERENCES, AND CONFIDENTIALITY

Name: _____

MENTORING CIRCLES ID

Please use the following email address for the BRAINS password protected Wordpress Mentoring Circle Blog
(must be the actual email mailing address and not an autoforward type address):

MENTORING CIRCLE GROUP PREFERENCES

a. Please indicate your time zone (e.g. Pacific, Mountain, Central, Eastern) :

b. Mentoring Circle composition will be determined by the BRAINS team based on availability *and* individual preferences when possible.

If there are BRAINS participants whom you **would prefer** to have in your MC, please indicate here:

If there are BRAINS participants whom you **would prefer NOT** to have in your MC, please indicate here:



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MENTORING CIRCLES CONFIDENTIALITY FORM

Much of the success of peer mentoring stems from mutual respect and trust. To maintain trust and confidentiality, each participant and facilitator must read and sign this non-disclosure form before leaving the BRAINS symposium.

EFFECTIVE DATE: _____

Mentoring Circle Guidelines:

The PARTICIPANT and BRAINS Program will have due regard for the following factors with regards to their participation in the BRAINS Mentoring Circle Program:

1. As a condition of acceptance to the BRAINS program, the PARTICIPANT agreed to participate in the BRAINS Mentoring Circles. If a PARTICIPANT must withdraw from the program, the BRAINS team (BRAINS@uw.edu) should be informed of the reasons for such withdrawal.
2. Everything discussed and heard by the PARTICIPANT during Mentoring Circle Meetings is in confidence. The BRAINS Team agrees they will not disclose any of the PARTICIPANT'S confidential information other than where the confidential information is already in the public domain, is required to be disclosed by law or is disclosed with the consent of the PARTICIPANT. The PARTICIPANT agrees he/she will not disclose any of the confidential information from other Mentoring Circle participants or the BRAINS Team other than where the confidential information is already in the public domain, is required to be disclosed by law or is disclosed with the consent of the other party.
3. The BRAINS Team and other participants are not formal advisers – mentoring advice is given only on a personal basis to support the development of the PARTICIPANT'S career. The BRAINS Team and Mentoring Circle Peers will support the PARTICIPANT through discussions etc. They will not take an active role in the PARTICIPANT'S work and may not be able to answer all questions but will refer the PARTICIPANT to other individuals / organizations / sources of support as appropriate.
4. Neither the BRAINS Team nor any other Mentoring Circle participant will be liable for any advice given during the Mentoring Circle Program.
5. Each PARTICIPANT is required to participate in the evaluation of the Mentoring Circle Program. Evaluation will examine the impact made through the project and identify areas for improvement.

SIGNED for and on behalf of the BRAINS Program **Date:** _____

_____ (Signature) _____ (Printed name)

PARTICIPANT – I agree to the terms of this agreement **Date:** _____

_____ (Signature) _____ (Printed name)

A facsimile copy of this document and any signatures shall be considered for all purposes as originals.