

# Research Project

## MENTORSHIP AGREEMENT

*For Residents/Fellows and Mentors*

**To be signed and submitted to [pediatrics.research@ubc.ca](mailto:pediatrics.research@ubc.ca) before embarking on any research project (for PGY-1 residents, please submit by end of Block 12)**

We, the signed below, have agreed to work together as Faculty Mentor and Fellow/Resident Mentee in a Mentoring relationship as part of the Mentored Clinical Research Program in the Department of Pediatrics.

**Date:**

**Resident Name:**

**Resident Signature:**

**Mentor Name:**

**Mentor Signature:**

The following are the general terms of the mentorship:

Research Project Title:

Mentorship Start Date:

Mentorship End Date:

Anticipated Outcome:

Mentorship 5 top Goals:

1.

2.

3.

4.

5.

How will mentorship success be measured in the end of the mentorship period?

Name of a person who can help if the Mentor or Mentee find challenges in the mentorship program: