

## MENTORING APPLICATION FORM

Please complete and return this mentoring application to: [education@facialtherapyspecialists.com](mailto:education@facialtherapyspecialists.com)

The cost for mentoring is £100 per hour (or the equivalent in your local currency at the current exchange rate).

### **Bank details for direct bank transfer payment**

Account name: Facial Therapy Specialists International, Sort Code: 08-92-99, Account Number: 67329533

For international payments please use the following details: BIC: CPBK GB22, IBAN: GB66 CPBK 8092 9967 3295 33

Please put your full name as the reference

### **To pay by PayPal**

Please click the following link: [https://paypal.me/FTSI2024?country.x=GB&locale.x=en\\_GB](https://paypal.me/FTSI2024?country.x=GB&locale.x=en_GB)

As soon as you have paid, please email [education@facialtherapyspecialists.com](mailto:education@facialtherapyspecialists.com) to confirm remittance and book session date(s). If requesting funding from your employer, please secure your place by paying FTS-International directly and then requesting reimbursement from your employer.

We aim for global accessibility. Where our fees are not affordable, please contact us — adjusted rates may be available.

### *Please note:*

- *Mentoring will take place on a 1-1 basis with an experienced facial therapist*
- *Mentoring sessions are not appropriate for patients to attend*
- *If you wish to discuss specific patient cases, please provide a summary in advance and ensure you have obtained appropriate patient consent. You may wish to include; diagnosis and cause (if known), time since onset, key clinical features (e.g. weakness, synkinesis, pain), current management and specific questions or challenges. Include photos and video if available, with patient consent.*
- *It is a pre-requisite that you have completed the foundation FTSI course (or equivalent) before you apply for mentoring*
- *Mentoring sessions will not be booked until receipt of payment*

PERSONAL DETAILS	
Name	
Email	
Tel. number (incl. country code e.g. +44)	
PROFESSIONAL BACKGROUND	
Profession	Physiotherapist (PT) <input type="checkbox"/> Speech therapist (SLT/SLP) <input type="checkbox"/> Occupational therapist (OT) <input type="checkbox"/> Other <input type="checkbox"/> please specify:
Work institution (e.g. hospital / clinic name)	
Country where you work	
Work setting	Hospital (inpatients) <input type="checkbox"/> Outpatient clinic <input type="checkbox"/> Community healthcare <input type="checkbox"/> Private clinic/practice <input type="checkbox"/> University/education <input type="checkbox"/> Other <input type="checkbox"/> please specify:
Work funding model	Publicly funded healthcare e.g. NHS <input type="checkbox"/> Privately funded healthcare <input type="checkbox"/> Mixed public and private <input type="checkbox"/> Other <input type="checkbox"/> please specify:
Are you currently involved in developing or expanding a facial palsy service?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>FTSI INFORMATION</b>	
Are you a current FTSI member?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you completed any formal training in facial palsy rehabilitation?	FTSI Foundation course <input type="checkbox"/> Other courses <input type="checkbox"/> Facial nerve conferences <input type="checkbox"/> No formal training <input type="checkbox"/>
<b>CLINICAL EXPERIENCE</b>	
Experience level	Beginner <input type="checkbox"/> Developing <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>
Caseload complexity. Which best describes the types of patients you currently see? (select all that apply)	Acute facial palsy <input type="checkbox"/> Post-surgical <input type="checkbox"/> Synkinesis <input type="checkbox"/> Other <input type="checkbox"/> please specify: I do not currently treat facial palsy patients <input type="checkbox"/>
Average number of FP patients seen weekly	
<b>Confidence in key domains</b>	
Facial palsy assessment	Confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Not confident <input type="checkbox"/>
Differential diagnosis / identifying red flags	Confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Not confident <input type="checkbox"/>
Designing rehabilitation programmes	Confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Not confident <input type="checkbox"/>
Managing synkinesis	Confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Not confident <input type="checkbox"/>
Patient education	Confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Not confident <input type="checkbox"/>
Use of adjuncts e.g. biofeedback, BTX-A	Confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Not confident <input type="checkbox"/>
<b>MENTORING REQUEST</b>	
Number of mentoring hours requested	
What format would you prefer?	Case-based discussion (specific patients) <input type="checkbox"/> General skills and knowledge development <input type="checkbox"/> A mix of both <input type="checkbox"/>
What is your primary goal for mentoring?	Build foundational knowledge and skills <input type="checkbox"/> Improve confidence in clinical decision-making <input type="checkbox"/> Manage more complex cases <input type="checkbox"/> Refine advanced techniques <input type="checkbox"/> Develop a specialist service <input type="checkbox"/> Other <input type="checkbox"/> please specify:
What would you most like to get out of your mentoring session(s)? <i>Please describe any specific topics, skills, or patient cases you would like support with.</i>	
Do you have any patients or situations requiring urgent input?	Yes – within the next 2 weeks <input type="checkbox"/> Yes – within the next 1–2 months <input type="checkbox"/> No immediate urgency <input type="checkbox"/>
What are your biggest challenges in managing facial palsy patients?	Lack of confidence <input type="checkbox"/> Limited training opportunities <input type="checkbox"/> Low patient numbers <input type="checkbox"/> Lack of MDT support <input type="checkbox"/> Time constraints <input type="checkbox"/> Funding / service limitations <input type="checkbox"/> Other <input type="checkbox"/> please specify:

Would you be interested in becoming an FTSI volunteer, mentor or trainer in the future?	Volunteer: Yes <input type="checkbox"/> No <input type="checkbox"/> Mentor: Yes <input type="checkbox"/> No <input type="checkbox"/> Trainer: Yes <input type="checkbox"/> No <input type="checkbox"/>
Preferred mentor (optional) ( <i>please note this cannot be guaranteed</i> )	