**Application form for Fellowship of FMLM**

In completing this application you should refer to the [*Information and Guidance for Applicants*](https://www.fmlm.ac.uk/membership/fellowship)*.*

**Section 1: Personal contact information**

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | | |
| Given names: |  | | |
| Surname: |  | | |
| Personal phone: |  | Personal email: |  |
| Address: |  | | |
| Country: |  | Postcode: |  |
| FMLM membership number: |  | Professional regulator (eg GMC or GDC) registration number:  *(applicants must be in good standing)* |  |
| Do you hold a licence to practice? |  |

*Note: the name you enter on this application form will be used on the certificate should you be successful.*

**Section 2: Employment details**

|  |  |
| --- | --- |
| Current position: |  |
| Department: |  |
| Organisation: |  |
| Contact number: |  |
| Email address: |  |
| If you work for more than one organisation please provide details of the organisation/s and your job title/s. |  |

**Section 3: Personal statement**

Having read the criteria, what particular attributes and key achievements do you feel make you a strong candidate for Fellowship of the Faculty of Medical Leadership and Management?:

|  |  |
| --- | --- |
|  | |
| *Word limit: 500 words* | *Word count:* |

**Section 4: Professional information**

Please provide key information that you would like taken into consideration for your application.

1. Please list your academic (post-secondary education) and professional qualifications (provide relevant dates):

|  |  |
| --- | --- |
|  | |
| *Word limit: 500 words* | *Word count:* |

1. If you are a member of any other professional bodies or subject associations please provide details:

|  |  |
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| *Word limit: 500 words* | *Word count:* |

1. Please list all the full-time and part-time work you have done in leadership and management. (no more than 500 words)

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| *Word limit: 500 words* | *Word count:* |

1. Please list any programmes of development in leadership and management that you have completed as a participant, together with the date of completion and the name of the awarding body, if applicable. (no more than 500 words)

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| --- | --- |
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| *Word limit: 500 words* | *Word count:* |

1. Please list any significant awards in leadership and management. (no more than 500 words)

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| *Word limit: 500 words* | *Word count:* |

**Section 5: Core values of medical leadership and management and your experience**

Reflect on your experience in leadership and management and how your values have shaped your practice. Please evidence this with examples:

|  |  |
| --- | --- |
|  | |
| *Word limit: 500 words* | *Word count:* |

**Section 6: Application of evidence**

How have you translated evidence about effective leadership and management into your practice or used it to influence your practice? Please include results and what you have noticed:

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| --- | --- |
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| *Word limit: 500 words* | *Word count:* |

**Section 7: Achievement of the Leadership and management standards for medical professionals**

Using FMLMs [leadership and management standards *(2nd edition)*](https://www.fmlm.ac.uk/about-us/what-we-do/professionalising-medical-leadership-and-management/the-leadership-and) reflect on how you demonstrate the following behaviours, using evidence to support your statements. You may find your appraisal, multi-source (360) feedback and patient feedback helpful refer to as evidence.

Your self-awareness and commitment to self-development:

|  |  |
| --- | --- |
|  | |
| *Word limit: 500 words* | *Word count:* |

Personal resilience, drive and energy:

|  |  |
| --- | --- |
|  | |
| *Word limit: 500 words* | *Word count:* |

Effective Teamwork:

|  |  |
| --- | --- |
|  | |
| *Word limit: 500 words* | *Word count:* |

Cross-team Collaboration:

|  |  |
| --- | --- |
|  | |
| *Word limit: 500 words* | *Word count:* |

Effectiveness as a "team player" at corporate or organisational level:

|  |  |
| --- | --- |
|  | |
| *Word limit: 500 words* | *Word count:* |

Your commitment to corporate culture and innovation:

|  |  |
| --- | --- |
|  | |
| *Word limit: 500 words* | *Word count:* |

**Section 8: Referees**

Your application must be supported by two senior leaders who are in a position to comment on your leadership and management achievements. At least one referee must be a doctor, registered and in good standing with the GMC; one of the two must be senior to you as an applicant. FMLM will contact your referees once you have submitted your application.

|  |  |
| --- | --- |
| **Referee one** | |
| Name: |  |
| Job title: |  |
| Organisation: |  |
| Email address: |  |
| In what capacity can this individual comment on your professional practice? |  |

|  |  |
| --- | --- |
| **Referee two** | |
| Name: |  |
| Job title: |  |
| Organisation: |  |
| Email address: |  |
| In what capacity can this individual comment on your professional practice? |  |

**Section 9: Supporting information and declaration**

Please send by email with this application:

Up to date curriculum vitae (maximum 5 pages) Yes  No

Your most recent professional appraisal (summary of appraisal discussion\*) Yes  No

Report on 360 degree multi-source feedback Yes  No

\*If there is an issue that is sensitive e.g. personal health information, FMLM can arrange for you to have a conversation with a medical assessor prior to potentially redacting the sensitive content.

**Section 10: Application fee**

There is a non-refundable application fee for Fellowship of £350.

**Section 11: Declaration**

I declare that the information presented in this application is correct to the best of my knowledge. If awarded Fellowship of the FMLM, I confirm I shall\*:

* Maintain the FMLM *Leadership and management standards for medical professionals*
* Maintain good standing with the GMC or GDC (for UK fellows; retired fellows must have been in good standing with the GMC or GDC at retirement)
* Be revalidated and achieve satisfactory annual appraisal
* Respect and support the aims and objectives of FMLM
* Abide by the FMLM Standing Orders (note: Articles of Association prepared for when FMLM transition to charitable status)
* Inform FMLM of any charge or conviction for an offence that would reflect on their ability to discharge their role as a medical leader and compliance with the FMLM standards.

\*If the answer to any of these questions is no, please provide an explanation to FMLM.

|  |  |
| --- | --- |
| Do you declare that the information provided is correct to the best of your knowledge : | Yes  No |
| Are you happy for us to notify your chief executive should you be awarded Fellowship? | Yes  No |
| Name: |  |
| Date: |  |

Please email one copy of your completed application and supporting documentation: [fellowship@fmlm.ac.uk](mailto:fellowship@fmlm.ac.uk). Please note that data provided on this form will be held and processed by FMLM in accordance with its Data Protection Policy.