**Application form for Senior 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**

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| 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**

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| 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?:

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|       |
| *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):

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

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**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:

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**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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| *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:

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

Personal resilience, drive and energy:

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Effective Teamwork:

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

Cross-team Collaboration:

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

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

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

Your commitment to corporate culture and innovation:

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

System leadership:

*In this response, you may wish to describe how you anticipate developments across the system, and influence and navigate these. You may also want to reflect on what has changed for you, moving from organisational to strategic system leadership and how you have managed this transition.*

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**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.

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

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| **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.

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| 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 Senior Fellowship? | Yes [ ] No [ ]  |
| Name:  |       |
| Date:  |       |

Please email one copy of your completed application and supporting documentation: 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.