**Reference form for**

**Founding Fellowship of FMLM**

**Purpose**

The award of the **Founding Fellowship** of the FMLM provides recognition for medical leaders who are effective leaders and managers of a large or multiple teams. Successful applicants will be able to demonstrate competence in the first three domains (self, team player/team leader, corporate responsibility) of the *Leadership and management standards for medical professionals (2nd edition).*

This reference is a crucial step in triangulating the application for fellowship and FMLM is grateful for your time. Guidance is attached to this form.

**Section 1: Referee details**

|  |  |
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| Name: |  |
| Job title: |  |
| Department or institution: |  |
| Organisation: |  |
| Address: |  |
| Postcode: |  |
| Country: |  |
| Email address: |  |
| Telephone no.: |  |

**Section 2: Applicant details and supporting information on leadership and management knowledge, experience and behaviours of the applicant**

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| Name of applicant for senior fellowship |  |
| How long have you known the applicant (normally a referee should have worked with the applicant for at least 12 months). |  |

In what capacity do you know the applicant?

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| *Word limit: 200 words* | *Word count:* |

From your observation, what positive impact has the applicant had on health or other outcomes through their effectiveness in leadership and management?

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

How would you describe the applicant's behaviour in respect to leadership and management? Please refer to the [*Leadership and management standards for medical professionals (2nd edition)*](http://www.fmlm.ac.uk/standards)published by FMLM.

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| *Word limit: 1000 words* | *Word count:* |

What in particular has led you to support this individual for the **Founding Fellowship** of FMLM?

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| *Word limit: 300 words* | *Word count:* |

**Section 3: Referee's statement**

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| I attach a reference in support of the application of (name): |  |

I certify that all information supplied is, to the best of my belief, correct; and that I have no conflict of interest in supplying a reference.

***If you are doctor***, you are certifying that you are registered with and in good standing with the GMC (GDC if a dentist). If retired you must have been in good standing with the GMC or GDC on retirement. Please complete the following:

"I declare that I accept the professional obligations placed on me in Good Medical Practice in relation to probity, including the statutory obligation on me to ensure that I have adequate professional indemnity for all my professional roles and the professional obligation on me to manage my interests appropriately."

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| Please tick here to confirm: |  |

If you feel that you are unable to make this statement for whatever reason, please explain why in the comment box below.

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| Signed (may be electronic signature): |  |
| Name: |  |
| Date: |  |