**Reference form for**

**Founding Senior Fellowship of FMLM**

**Purpose**

The award of the **Founding Senior Fellowship** of the FMLM provides recognition for established medical leaders with at least two years Board or system level experience. Successful applicants will be able to demonstrate competence in all three domains (self, team player/team leader, corporate responsibility and system leadership) of the *Leadership and management standards for medical professionals (2nd edition).* They will have made a significant contribution to leadership and management in the health sector. Awarding the fellowship will provide recognition of their achievements in this field.

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 Senior Fellowship** of FMLM?

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| *Word limit: 500 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:  |  |