**Medical Education Fellow Application form**

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| **Name:****Specialty:****Year of training:****Current Workplace:****CCT date:** | **Postal address:****Mobile:****Email:** |

Please answer the following questions with reference to the criteria for appointment, stating your level of involvement and reflecting on your experience: (200-500 words per section, feel free to change the size of the boxes)

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| Please describe why you qualify for role of MEF: |
| Please specify your **current** teaching / educational responsibilities: |
| If you have completed or are currently undertaking an education qualification please give the name of the course along with dates (including expected date of completion): |
| To be signed by current Educational Supervisor, Programme Director and Applicant:**Educational supervisor name:****Signature & date:****Programme director name:**Signature & date: Applicant signature & date: |
| **Name and address (e-mail and postal) of first referee:****Name and address (e-mail and postal) of second referee:****I have contacted both referees to ask them to complete the reference form.****Please tick to confirm:** |
| **Please return completed form with appropriate signatures to**: PDU.WX@hee.nhs.uk |