**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](mailto:PDU.WX@hee.nhs.uk) |