**Medical Education Fellow Application**

**Reference Form**

**Applicant’s Name:**

The doctor to whom this reference refers has applied for the role of Medical Education Fellow (MEF) and has given your name as a referee to support the application. More details can be found on-line at https://wessex.hee.nhs.uk/learning-and-development/further-development-opportunities/fellowships/mef-programme/mef/

We would be grateful if you could provide us with the following information, to support the applicant’s evidence that they are a champion of medical education.

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| **Referee Name:****Position Held:** | **Postal Address:** **Email address:****Telephone:** |

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| **Please outline your involvement with the applicant:** (e.g. educational supervisor, educational mentor, colleague in educational activity) |

I would recommend this applicant for the role of Medical Education Fellow

Yes No

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| **Please outline your reasons:** (for example, details supporting their role as a champion of medical education or your own observations of their educational activity) |
| **Any other comments:** |
| **Signature & Date:** |
| **Please return completed form to**:england.PDU.WX@nhs.net |