NICE FELLOWS PROGRAMME

# APPLICATION FORM (Closing date 13 November 2020 at 17:00)

# Applicant information

**Title:** Enter text here.

**Name:** Enter text here.

**Present position:** Enter text here.

**Department:** Enter text here.

**Organisation:** Enter text here.

**Work address:** Enter text here.

**Work telephone:** Enter text here.

**Home address:** Enter text here.

**Home and/or mobile telephone:** Enter text here.

**Email:** Enter text here.

# Referee information

Please give the names and contact details of 2 referees below. Referee 1, who should provide your letter of reference and organisational support, should be someone who will legitimately authorise your use of some of your contracted hours on a NICE fellowship. Referee 2 should be an individual able to provide a professional reference for you.

## Organisation support reference:

**Title:** Enter text here.

**Name:** Enter text here.

**Position:** Enter text here.

**Organisation:** Enter text here.

**Work address:** Enter text here.

**Work telephone:** Enter text here.

**Work Email:** Enter text here.

## Professional reference:

**Title:** Enter text here.

**Name:** Enter text here.

**Position:** Enter text here.

**Organisation:** Enter text here.

**Work address:** Enter text here.

**Work telephone:** Enter text here.

**Email:** Enter text here.

# Awareness of NICE Fellows programme

**Where did you hear about NICE’s Fellowships?**

Journal, magazine or other professional media outlet (please specify)

If other, enter text here.

Your employer

Email from NICE

Social media

Royal College or other professional body

NICE website

Colleague

Other (please specify)

If other, enter text here.

# Summary Statement

Please provide a brief statement describing why you are applying for a NICE fellowship (300-word limit):

Enter text here.

# Statement of professional objectives

Please answer each question directly beneath it.

1. **Please describe your existing interest in improving the quality of care (300-word limit):**

Enter text here.

1. **What relevant skills and experience will you bring to NICE? (300-word limit):**

Enter text here.

1. **Describe, with examples, your involvement in the work of NICE, either directly or at a local level (300-word limit):**

Enter text here.

1. **Please give an example of how you have exerted influence across a professional or geographical network, providing details of the impact (300-word limit):**

Enter text here.

# Fellowship activity proposal

Before completing their activity proposal, all applicants are advised to make themselves familiar with NICE’s work.

NICE encourages each applicant to propose activities which they think will deliver the greatest improvement to care in line with their expertise and interests. Activity proposals should be at a regional or national level and related to NICE products.

A fellowship requires a time commitment of approximately 7.5 hours per month for 3 years.

1. **Please describe proposed activities (500-word limit):**

Enter text here.

1. **What would the benefit of your proposed activities be to the health and social care system and/or service users, carers and the public? (200-word limit):**

Enter text here.

1. **How will your activities benefit NICE? (200-word limit):**

Enter text here.

1. **Please describe how you will use your networks to support NICE’s work (200-word limit):**

Enter text here.

# Other

1. **Are you willing to commit to work within the NICE equality scheme?**

Yes

No

1. **Are you willing and able to maintain confidentiality?**

Yes

No

# Data protection

The information you provide on this form will be used to assess your suitability for the Fellows programme and to progress your application. For more information about how we process your data please see the NICE [privacy notice](https://www.nice.org.uk/privacy-notice).