**NICE FELLOWS AND SCHOLARS PROGRAMMES**

**ORGANISATIONAL SPONSOR LETTER OF REFERENCE**

**To be completed by individual able to authorise applicant’s time commitment to fellowship/scholarship**

**Name:**

**Position:**

**Organisation:**

**Work address:**

**Work telephone:**

**Work E-mail:**

Applicant’s name:

Please confirm that you support the applicant’s proposed activities as a NICE scholar/fellow and that you accept the time commitment required for the applicant to carry out the activities during their normal working hours.

Please comment on the qualifications and accomplishments of the applicant and the calibre of their work.

What do you see as the applicant’s strengths and weaknesses?

How would you evaluate the applicant's potential to make the most of a NICE fellowship/ scholarship and what is the nature of the contribution you would expect that he/she would be capable of making to the improvement of health, public health and/or social care?

Please describe how you expect the applicant’s experiences from participating in the NICE scholars/fellows programme will benefit your organisation.

Please feel free to provide any other information you believe would be of assistance in evaluating the applicant's qualifications for a NICE scholarship/fellowship, his/her potential to be a leader in health and social care policy and practice, and the potential value of the NICE scholars/fellows programme to his/her professional development.

By submitting this form via email, you confirm that you support the applicant’s proposed scholarship/fellowship.

**Name:**

**Date:**