**NICE FELLOWS AND SCHOLARS PROGRAMMES**

**PROFESSIONAL LETTER OF REFERENCE**

**ABOUT THE REFERREE**

Name:

Position:

Institution/Organisation:

Work address:

Work telephone:

Work E-mail:

**ABOUT THE APPLICANT**

Applicant’s name:

Please say how long you have known the applicant.

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 scholarship/fellowship 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 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 fellows and scholars programme to his/her professional development.

By completing this form, you confirm that you support the candidate’s proposed scholarship/fellowship application.

**Name:**

**Date:**