Fleming Professional Fellowship Scheme   
Application Form

**You should read the following documents before completing this application form:**

* FS202.01 Terms of Reference (TOR) relating to the specific Fleming Fellowship for which you are applying.
* FS202.02a Fleming Professional Fellowship Application Guidance Note.

Please comply with all recommended word limits in this application form.

Eligibility and selection criteria

The Fleming Fund Management Agent will be responsible for selecting Policy Fellows in consultation with relevant Host Institutions and national stakeholders. The UK Department of Health and Social Care (DHSC) will, however, maintain the right to reject any selection made.

To be considered for a Policy Fellowship, you must meet the following **eligibility criteria**:

* Be a citizen or resident of the country in which the Fellowship is offered
* Hold a recognised qualification, such as a Bachelor’s or Master’s degree, in a relevant discipline, or have at least five years’ relevant professional experience.
* Be endorsed by and accountable to a registered national institution (hereafter referred to as the ‘Beneficiary Institution’) through permanent employment
* Be available and committed to participating fully in the Fellowship programme on a part-time basis for the entire duration (expected to be up to 24 months), based on agreement with the Beneficiary Institution
* Be able to demonstrate evidence of leadership or leadership potential in a relevant sector or discipline.

Please consult the appropriate Professional Fellowship TOR for:

* Any additional eligibility criteria specific to the Fellowship
* The specific **selection criteria** for the Fellowship.

IMPORTANTLY, when completing this application, you should aim to explain how you meet the specific **selection criteria** for this fellowship, especially in preparing the Personal Statement. For additional guidance, see the Professional Fellowship Application Guidance Note.

Application checklist

It is important that you correctly fill out all sections in this application form in English and attach authenticated versions of all supporting documents requested.

Each application MUST be accompanied by the documents listed below.

|  |  |
| --- | --- |
|  | Evidence of citizenship or residency, preferably a verified copy of the identity page of your current passport. If you do not currently hold a passport, please provide a verified copy of your national identity card or birth certificate (in English). |
|  | Verified copies of all academic qualifications listed in Section E (translated into English if necessary). |
|  | Evidence of completion of training listed in Section E such as certificates. These do not need to be verified copies. |
|  | Evidence of English language proficiency test results or other acceptable evidence of proficiency. |
|  | Personal Statement of up to 800words describing what you wish to gain from the Fellowship and how knowledge gained will enable you to contribute to the social or economic development of your country. |
|  | Up-to-date Curriculum Vitae (CV) of no more than five pages giving a full account of your work history and experience. |
|  | Completed Referee Form and Reference Letter from each of two referees. |

**Submission**

Before submitting this application, you should make sure all sections of the form are complete, including the signed declarations in Sections I and J. Attach verified copies of all supporting documents in line with the checklist above.

Please email the completed application to the contact provided in the Additional Information section of the Fellowship ToR.

If you have any questions, please contact the nearest Fleming Fund Fellowship Scheme Officer using the contact details provided in the ToR.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION A: FELLOWSHIP NAME, TERMS OF REFERENCE AND APPLICANT DETAILS** | | | | | | | | | | | | | | |
| Fellowship Name | |  | | | | | | | | | | | | |
| ToR Reference No. | |  | | | | | | | | | | | | |
| Country | |  | | | | | | | | | | | | |
| **APPLICANT DETAILS** | | | | | | | | | | | | | | |
| Please note that your family name and other names should be the same as the official names on your passport or birth certificate. | | | | | | | | | | | *Attach a recent passport-sized photograph of yourself here, or email as a separate attachment* | | | |
| First name(s) | |  | | | | | | | | |
| Family name/surname | |  | | | | | | | | |
| Preferred name | |  | | | | | | | | |
| Gender | | Male | | | | | Female | | | |
| Date of birth (dd/mm/yy) | |  | | | | | | | | |
| Place of birth | |  | | | | | | | | | | | | |
| Countries of citizenship | |  | | | | |  | | | |  | | | |
| **Applicant contact details:** Please give an address where you can be contacted when a decision is reached. | | | | | | | | | | | | | | |
| Work telephone number | |  | | | | | | | | | | | | |
| Mobile telephone number | |  | | | | | | | | | | | | |
| Email addresses | |  | | | | | | | | | | | | |
| **SECTION B: BENEFICAIRY INSTITUTION DETAILS** | | | | | | | | | | | | | | |
| Applicants must be endorsed by & accountable to an eligible Beneficiary Institution through employment, contract, or similar, such as formal secondment to apply for a Fleming Fellowship. The Beneficiary Institution for this Fellowship is specified in the Fellowship ToR. Please provide your employer’s details in this section. | | | | | | | | | | | | | | |
| Name of Beneficiary Institution | |  | | | | | | | | | | | | |
| Registered address of Beneficiary Institution | |  | | | | | | | | | | | | |
| Local **physical** address of Beneficiary Institution (office location) | |  | | | | | | | | | | | | |
| Local **postal** address of Beneficiary Institution | |  | | | | | | | | | | | | |
| **SECTION C: APPLICANT EMPLOYMENT DETAILS** | | | | | | | | | | | | | | |
| What is your relationship to the Beneficiary Institution? | | Employed  Contracted  Seconded  Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| Current position/job title | |  | | | | | | | | | | | | |
| Time in this position | |  | | | | | | | | | | | | |
| Total time working at Beneficiary Institution | |  | | | | | | | | | | | | |
| Responsibilities in this position | | ***In no more than 300 words****, summarise your responsibilities in this position, highlighting those that are most relevant to the Fellowship for which you are applying.* | | | | | | | | | | | | |
| Relevant work history and professional experience | | ***In no more than 300 words****, summarise your relevant work history and professional experience over the last five years.* | | | | | | | | | | | | |
| **SECTION D: PERSONAL STATEMENT – PROFESSIONAL FELLOWS ONLY** | | | | | | | | | | | | | | |
| Please attach a Personal Statement:  **In no more than 800 words** please answer the following questions in a separate supporting document:   1. What you wish to gain from the Fellowship? 2. What specific professional development you are seeking? 3. How will your participation meet the specific purpose and objectives described in the Fellowship ToR including contributing to sustainable advances in the Beneficiary Institution?   Please be as specific as possible as the information that you provide will be a major consideration in the selection of successful candidates. | | | | | | | | | | | | | | |
| **SECTION E: EDUCATION AND TRAINING HISTORY** | | | | | | | | | | | | | | |
| Please provide details of academic qualifications relevant to the Fellowship you are applying for.  Please provide English **verified copies** of the academic degree, diploma and certificate qualifications you have listed. | | | | | | | | | | | | | | |
| Qualification 1 | |  | | | | | | | | | | | | |
| Major subject/s | |  | | | | | | | | | | | | |
| Final result / score (%) | |  | | | | | | | | | | | | |
| Institution & location | |  | | | | | | | | | | | | |
| Language of teaching | |  | | Completed by distance learning? | | | | | | | | Yes  No | | |
| Start Date (month/year) | |  | | End date (month/year) | | | | | | | |  | | |
| Qualification 2 | |  | | | | | | | | | | | | |
| Major subject/s | |  | | | | | | | | | | | | |
| Final result / score (%) | |  | | | | | | | | | | | | |
| Institution & location | |  | | | | | | | | | | | | |
| Language of teaching | |  | | Completed by distance learning? | | | | | | | | Yes  No | | |
| Start date (month/year) | |  | | End date (month/year) | | | | | | | |  | | |
| Qualification 3 | |  | | | | | | | | | | | | |
| Major subject/s | |  | | | | | | | | | | | | |
| Institution & location | |  | | | | | | | | | | | | |
| Final result / score (%) | |  | | | | | | | | | | | | |
| Language of teaching | |  | | Completed by distance learning? | | | | | | | | Yes  No | | |
| Start date (month/year) | |  | | End date (month/year) | | | | | | | |  | | |
| Please describe any additional professional training you wish to have considered as part of your application. Attach evidence of your completion of any training you describe below, but verified copies are not required. | | | | | | | | | | | | | | |
| Name of training 1 | |  | | | | | | | | | | | | |
| Subject or topic | |  | | | | | | | | | | | | |
| Training provider | |  | | | | | | | | | | | | |
| Type of training (tick all that apply) | | Theory training  Skills training  Distance/online  Workshop  Distance learning  Management/leadership | | | | | | | | | | | | |
| Start date (month/year) | |  | | End date (month/year) | | | | | | | |  | | |
| Evidence of completion attached | | Yes  Not available | | | | | | | | | | | | |
| Name of training 2 | |  | | | | | | | | | | | | |
| Subject or topic | |  | | | | | | | | | | | | |
| Training provider | |  | | | | | | | | | | | | |
| Type of training (tick all that apply) | | Theory training  Skills training  Distance/online  Workshop  Distance learning  Management/leadership | | | | | | | | | | | | |
| Start date (month/year) | |  | | End date (month/year) | | | | | | | |  | | |
| Evidence of completion | | Yes  Not available | | | | | | | | | | | | |
| Name of training 3 | |  | | | | | | | | | | | | |
| Subject or topic | |  | | | | | | | | | | | | |
| Training provider | |  | | | | | | | | | | | | |
| Type of training (tick all that apply) | | Theory training  Skills training  Distance/online  Workshop  Distance learning  Management/leadership | | | | | | | | | | | | |
| Start date (month/year) | |  | | End date (month/year) | | | | | | | |  | | |
| Evidence of completion attached | | Yes  Not available | | | | | | | | | | | | |
| Name of training 4 | |  | | | | | | | | | | | | |
| Subject or topic | |  | | | | | | | | | | | | |
| Training provider | |  | | | | | | | | | | | | |
| Type of training (tick all that apply) | | Theory training  Skills training  Distance/online  Workshop  Distance learning  Management/leadership | | | | | | | | | | | | |
| Start date (month/year) | |  | | End date (month/year) | | | | | | | |  | | |
| Evidence of completion attached | | Yes  Not available | | | | | | | | | | | | |
| Name of training 5 | |  | | | | | | | | | | | | |
| Subject or topic | |  | | | | | | | | | | | | |
| Training provider | |  | | | | | | | | | | | | |
| Type of training (tick all that apply) | | Theory training  Skills training  Distance/online  Workshop  Distance learning  Management/leadership | | | | | | | | | | | | |
| Start date (month/year) | |  | | End date (month/year) | | | | | | | |  | | |
| Evidence of completion attached | | Yes  Not available | | | | | | | | | | | | |
| **SECTION F: LANGUAGE PROFICIENCY** | | | | | | | | | | | | | | |
| Applicants must be able to demonstrate a basic level of competency in written and spoken English in order to participate fully in regional Fellowship activities.  Applicants who have completed an academic qualification that has been taught and assessed in English can be considered for an exemption. Details of the qualification must be included in **Section E**.  I have completed an academic qualification that was taught and assessed in English, as described in Section E, and apply for exemption from providing language proficiency test results. | | | | | | | | | | | | | | |
| If you have NOT PREVIOUSLY completed an academic qualification in the language/s specified in the ToR, please provide evidence of proficiency by completing AT LEAST ONE of the sub-sections below.  I have completed an internationally recognised language proficiency test in the last 24 months (e.g. IELTS - International English Language Testing System, TOEFL - Test of English as a Foreign Language, or other internationally recognised proficiency test). Please provide your test results in the relevant section below.  I have just completed, or will complete in the next three weeks, an IELTS, TOEFL, or other internationally recognised language proficiency test, and will provide results as soon as these are available.  I am submitting alternative evidence of language proficiency. Please append a detailed description to justify your eligibility.  Note: If you cannot provide sufficient recent evidence of the required language proficiency as specified in the TOR, you will be required to undergo testing to establish your eligibility under this criterion. | | | | | | | | | | | | | | |
| I am submitting a verified copy of IELTS (International English Language Testing System) results | | | | | | | | | | | | | | |
| IELTS test date: | | | | | | IELTS overall Score | | | | | | | |  |
| IELTS listening band | | |  | | | IELTS reading Band | | | | | | | |  |
| IELTS writing band | | |  | | | IELTS speaking Band | | | | | | | |  |
| I am submitting a verified copy of TOEFL (Test of English as a Foreign Language) results. | | | | | | | | | | | | | | |
| TOEFL test date: | | | | | |  | | | | | | | | |
| Paper-based TOEFL score | | |  | | | Test of written English (TWE) score | | | | | | | |  |
| Computer-based TOEFL score | | |  | | | Essay rating (ER) score | | | | | | | |  |
| Internet-based TOEFL score | | |  | | | Writing (W) score | | | | | | | |  |
| 🞎 I am submitting a verified copy of results from another internationally recognised language proficiency test. | | | | | | | | | | | | | | |
| Name of Test: | | | | | | | | | | | | | | |
| Test date: | | | | | | Overall score | | | | | | | |  |
| Listening score | | |  | | | Reading score | | | | | | | |  |
| Writing score | | |  | | | Speaking score | | | | | | | |  |
| **SECTION G: EXPERIENCE AND PROFICIENCY USING COMPUTERS AND THE INTERNET** | | | | | | | | | | | | | | |
| Mark an “X” in the box in that indicates your experience and level of proficiency using the following applications in each row below. Self-assessments must be honest and realistic. | | | | | | | | | | | | | | |
| **Experience and proficiency** | | | | | **None** | | | **Basic** | **Intermediate** | | | | **Expert** | |
| Email | | | | |  | | |  |  | | | |  | |
| Use of the Internet to search for information relevant to the proposed Fellowship | | | | |  | | |  |  | | | |  | |
| Previous online learning experience | | | | |  | | |  |  | | | |  | |
| Microsoft Word | | | | |  | | |  |  | | | |  | |
| Microsoft Excel | | | | |  | | |  |  | | | |  | |
| Microsoft Access | | | | |  | | |  |  | | | |  | |
| Microsoft PowerPoint | | | | |  | | |  |  | | | |  | |
| Other Word Processor (specify): | | | | |  | | |  |  | | | |  | |
| Other Spreadsheet (specify): | | | | |  | | |  |  | | | |  | |
| Other Database (specify): | | | | |  | | |  |  | | | |  | |
| Other Presentation software (specify): | | | | |  | | |  |  | | | |  | |
| Epi Info | | | | |  | | |  |  | | | |  | |
| R statistical software | | | | |  | | |  |  | | | |  | |
| Other database or statistical analysis or spatial analysis software – please specify below and add rows as required: | | | | |  | | |  |  | | | |  | |
|  | | | | |  | | |  |  | | | |  | |
|  | | | | |  | | |  |  | | | |  | |
| I will have full-time access to a laptop or desktop computer during the Fellowship period at home, at work or both. | | | | | | | | | Yes  No | | | | | |
| I have access to the internet:  Unlimited access on a daily basis  Limited access but more than 5 hours per week  Limited access of less than 5 hours per week | | | | | | | | | | | | | | |
| **SECTION H: REFERENCE INFORMATION** | | | | | | | | | | | | | | |
| All applicants are required to provide two references. These should be from your current employer and where possible, a relevant government, university, or registered national or international non-government organisation. References must be written on the Referee Form provided and accompanied by a one-page Reference Letter in English. Both the Referee Form and Reference Letter must be completed by your referees and submitted **with your application form**. Please provide the names and contact details of your two referees below. | | | | | | | | | | | | | | |
| Name of Referee 1 | |  | | | | | | | | | | | | |
| Organisation: | |  | | | | | | | | | | | | |
| Position/job title: | |  | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | |
| Phone number | |  | | | | | | | | | | | | |
| Email address | |  | | | | | | | | | | | | |
| Name of Referee 2 | |  | | | | | | | | | | | | |
| Organisation: | |  | | | | | | | | | | | | |
| Position/job title: | |  | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | |
| Phone number | |  | | | | | | | | | | | | |
| Email address | |  | | | | | | | | | | | | |
| **SECTION I: BENEFICIARY INSTITUTION ACKNOWLEDGEMENT** | | | | | | | | | | | | | | |
| An authorised representative of the Beneficiary Institution must co-sign this Application Form before it will be reviewed, acknowledging they understand the following:   * The Fellowship will start on approval of their workplan by the Management Agent and continue for up to 24 months. * Participants will be based in their own countries for the majority of the Fellowship but are likely to engage in short-term placements of several weeks at other institutions abroad. * Although Fellowship activities will generally be planned to support a person’s normal work responsibilities, however, it is likely that reasonable changes to their daily routine, responsibilities, and duties will be required. * In addition to strengthening key competencies of Fleming Fellows, the Fleming Fellowship Scheme is also designed to result in sustainable advances at the Beneficiary Institutions as well as supporting effective collaboration between Fellows and other institutions in the country and region. It is therefore important that applications are supported by the Beneficiary Institutions specified in the Fellowship TOR. * If short-listed, the applicant will be matched with a Host Institution that has been separately selected by the Fleming Fund Management Agent. The applicant, the Beneficiary Institution and the Host Institution will work together to develop a Fellowship Workplan that details the specific activities that will be supported. Workplans must be reviewed and approved by the Fleming Fund Management Agent and will serve as the final step confirming selection of the successful applicant as a Fleming Fellow. * Beneficiary Institutions shall be jointly responsible with the Host Institution to support Fleming Fellows and ensure their full participation and their successful completion of the Fellowship Workplan. Should a Fellow fail to complete all aspects of the Fellowship Workplan, the Beneficiary Institution may be accountable for repayment of some or all of the related Fellowship programme costs. * Fellows will be responsible for their own living costs and arrangements for the duration of the Fellowship. It is expected that the Beneficiary Institution will continue to pay the Fellow’s normal salary and work-related expenses. The Host Institution will pay all other expenses associated with implementation of the activities in the Fellowship Workplan except for the Fellow’s salary and usual work-related compensation. | | | | | | | | | | | | | | |
| **An authorised signatory from the Beneficiary Institution should tick the following boxes and sign below:**  I understand and acknowledge the issues stated in Section I.  I agree to the participation of the applicant in the development of the Fellowship Workplan in consultation with the appointed Host Institution and the Fleming Fund Management Agent if the applicant is short-listed, and understand that final selection of the Fleming Fellows will only be confirmed after agreement on the Fellowship Workplan by all parties.  I understand that reasonable changes to the applicant’s daily routine, responsibilities, and duties may be required in order to ensure the objectives of the Fellowship can be achieved, and confirm that any required changes, as specified in the agreed Workplan will be accommodated by this Beneficiary Institution for the duration of the Fellowship.  I understand that the Fellowship Workplan will also include activities targeted to the Beneficiary Institution, to strengthen collaboration with other Fleming Fellows and institutions on national and regional activities and will involve a separately agreed collaborative project. I confirm that these activities will be accommodated and supported by the Beneficiary Institution to ensure the objectives of the Fellowship are achieved. | | | | | | | | | | | | | | |
| Beneficiary Institution | |  | | | | | | | | | | | | |
| Full Name of authorised signatory | |  | | | | | Position | | |  | | | | |
| Signature | |  | | | | | Date (dd/mm/yy) | | |  | | | | |
| **SECTION J: APPLICANT DECLARATION** | | | | | | | | | | | | | | |
| **The Fellowship applicant should tick the following boxes and sign below:**  If selected, I shall be available to participate in the Fleming Fellowship Scheme from the indicative start date and for the period of time specified in the TOR for the Fellowship that I am applying for.  I understand that selection will only be confirmed after development of a Fellowship Workplan in consultation with the Beneficiary Institution, the Host Institution, and the Fleming Fund Management Agent, and that is agreed between all parties. I agree to participate fully in the Workplan development process. | | | | | | | | | | | | | | |
| **DECLARATION**  **I further confirm and declare that:**   1. The information provided in this Application Form is true, accurate and complete. 2. I understand that supplying false or misleading information is a serious offence and may result in disqualification from eligibility or termination of the Fellowship, if offered. 3. I am not aware of any medical, personal or other circumstances (e.g. disability, illness, family or financial matters), which might prevent me from completing the Fellowship within the agreed time.   **PLEASE NOTE**  *By submitting this application form, you are agreeing to the personal data within the application being processed in accordance with our* [*Privacy Policy*](https://www.mottmac.com/privacy-policy) *(*[*https://www.mottmac.com/privacy-policy*](https://www.mottmac.com/privacy-policy)*). We are committed to international standards of data privacy and protection. We may need to share the information you have provided with officers within the Fleming Fund team, the funder (the UK Department for Health and Social Care), the independent evaluator, and the appointed Host Institution. Your personal data will only be used for the purposes of the Fellowship Scheme*. | | | | | | | | | | | | | | |
| Full Name of Applicant |  | | | | | | | | | | | | | |
| Signature |  | | | | | | Date (dd/mm/yy) | | |  | | | | |