Fleming Policy Fellowship Scheme   
Application Form

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

* Terms of Reference (TOR) for the Phase II Fleming Policy Fellowship for which you are applying.
* Fleming Policy 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, as well as appropriate 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 Policy 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 Policy Fellowship Application Guidance Note.

Application checklist

It is important that you fill out all sections in this application form correctly 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 your academic qualifications (translated into English if necessary). |
|  | Evidence of relevant professional training you have completed (e.g. course certificates). These do not need to be verified copies. |
|  | Evidence of any English language proficiency tests you have completed. |
|  | A Personal Statement of up to 1,200 words describing how you meet the Policy Fellowship selection criteria and your responses to the questions in Section D. |
|  | An up-to-date Curriculum Vitae (CV) giving a full account of your qualifications, work history and experience. |

**Submission**

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

Please email the completed application and attachments to the contact provided in the Additional Information Section at the end of the Policy Fellowship TOR. You must submit your application prior to the closing date specified in the TOR.

If you have any questions, please contact the Fleming Fund Regional 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** [for follow-up purposes only] | | | | |
| Work telephone number | |  | | |
| Mobile telephone number | |  | | |
| Email addresses | |  | | |
| **SECTION B: BENEFICIARY INSTITUTION DETAILS** | | | | |
| Policy Fellows must be an employee of an eligible national institution, referred to as the ‘Beneficiary Institution’ (see TOR for the Policy Fellowship). 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 Policy Fellowship.  *INSERT YOUR ANSWER HERE* | | | | |
| **SECTION D: PERSONAL STATEMENT** | | | | | | | | |
| **Attach a Personal Statement** as a separate supporting document.  In the Personal Statement, you should address the following four questions **in no more than 1,200 words**:   1. How do your skills, competencies and experience meet the selection criteria for this Policy Fellowship? 2. What do you hope to gain from the Policy Fellowship? 3. What specific professional development opportunities are you seeking from the Policy Fellowship? 4. How will you use the Fellowship to address the specific purpose and objectives described in the Policy Fellowship TOR?   Please note, this Personal Statement is a major consideration in the selection of candidates, so please give full answers to all the above questions. | | | | | | | | |
| **SECTION E: EDUCATION, TRAINING AND EMPLOYMENT HISTORY** | | | | | | | | |
| **Attach a Curriculum Vitae** as a separate supporting document.  Your Curriculum Vitae should not exceed **5 pages** and give full details of:   * Your educational background and qualifications * Any relevant professional training you have taken (including other Fellowships) * Your employment history and professional achievements * Your language proficiency * Relevant publications   **You must also attach** **verified copies** of all academic degree, diploma and certificate qualifications to your application. Please note, these copies must be submitted in English. | | | | | | | | |
| **SECTION F: COMPUTER PROFICIENCY** | | | | | | | | |
| In this section, you need to describe your proficiency in using standard software packages and indicate whether your skill level is: low, basic, intermediate, or excellent. You will also need to tell us about your access to a computer and the internet. | | | | | | | | |
| **Standard software packages** | | | | | **Experience and skill level** *(low, basic, intermediate, excellent)* | | | |
| Email | | | | |  | | | |
| Microsoft Word (or equivalent) | | | | |  | | | |
| Microsoft PowerPoint (or equivalent) | | | | |  | | | |
| Microsoft Excel (or equivalent) | | | | |  | | | |
| Other statistical software packages (e.g. SPSS, R, Epi Info etc) | | | | | Name of software:  Level of experience / skill: | | | |
| I 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 G: REFERENCE INFORMATION** | | | | | | | | |
| We will only seek references if you are shortlisted for interview.  Please provide contact details for two referees in the space provided below. At least one referee should be a senior representative of your current employer. The second referee should be a credible individual who has direct experience of your professional abilities, such as a senior official of a government ministry, university department, or non-governmental organisation (or equivalent).  You should inform nominated referees that the final selection of Policy Fellows will be dependent on timely submission of a completed Reference Template in English when requested. | | | | | | | | |
| 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 H: BENEFICIARY INSTITUTION ACKNOWLEDGEMENT** | | | | | | | | |
| An authorised representative of your Beneficiary Institution must co-sign this application form to acknowledge that the terms of the Policy Fellowship are fully understood. These terms are described in full in the Fleming Policy Fellowship Application Guidance Note. They are summarised below:   * The Policy Fellowship will be part-time over a period of up to 24 months. Policy Fellows will continue to be employed by and based at their own institution. However, it is likely the Fellow will attend short-term placements of several weeks at other institutions abroad. * Fellowship activities will be delivered by a ‘Host Institution’ assigned by the Fleming Fund Management Agent. The Host Institution will provide activities in accordance with a Fellowship Workplan. This Workplan will be shared with the Beneficiary Institution before receiving final approval from the Fleming Fund Management Agent. * Although Fellowship activities are planned to fit alongside a Fellow’s normal work responsibilities, some reasonable changes to the Fellow’s daily routine, responsibilities and duties may be required. Some activities may also require collaboration with other Fleming Fellows and national institutions. * The Beneficiary Institution is expected to continue to pay the Fellow’s normal salary and work-related expenses. The Host Institution will cover all other expenses associated with delivery of activities in the Fellowship Workplan. Fellows will continue to be responsible for their own living costs, except when on placement at the Host Institution or other similar organisation. | | | | | | | | |
| **An authorised signatory from the Beneficiary Institution should tick the following boxes and sign below:**  I understand and acknowledge the terms of the Policy Fellowship as stated in the Fleming Policy Fellowship Application Guidance Note and summarised above.  I agree to the participation of the applicant in the development of a Fellowship Workplan, and understand that final selection of the Fleming Policy Fellows will only be confirmed once the Fellowship Workplan has been approved by the Management Agent. This Workplan will be shared in advance with the Beneficiary Institution.  I understand that reasonable changes to the applicant’s daily routine, responsibilities and duties may be required over the duration of the Fellowship and confirm that these changes will be accommodated by this Beneficiary Institution to support successful delivery of the Fellowship Workplan.  I understand that the Fellowship Workplan may include activities to strengthen collaboration with other Fleming Fellows and institutions including through a separately agreed collaborative project. I confirm that these activities will be reasonably accommodated by this 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 I: APPLICANT DECLARATION** | | | | | | | | |
| **The Fellowship applicant should tick the following boxes and sign below:**  If selected, I will be available to participate in the Fleming Policy Fellowship Scheme for the period of time specified in the Policy Fellowship terms of reference.  I understand that selection will only be confirmed after development of a Fellowship Workplan in consultation with the Host Institution and the Fleming Fund Management Agent. | | | | | | | | |
| **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. illness, family or financial matters), which might prevent me from completing the Policy Fellowship.   **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) |  | |