

# FMLM National Medical Director Clinical Fellow Scheme 2025 - 2026 Application Form

Thank you for your interest in participating in the FMLM National Medical Director Clinical Fellow Scheme.

**This application form is for the National Medical Director Scheme, please do NOT use this form for applications to any other FMLM Clinical Fellow Schemes. The National Medical Director scheme application is open from Thursday 27 February and closes Monday 7 April 2025. Applications submitted after this deadline may not be considered.**

**Before completing the application, please make sure you have thoroughly reviewed our 'Application Information Pack,' which outlines the questions you'll need to answer. You can download this resource at: XXX. We recommend completing the application in one session, as we cannot guarantee that you will be able to return to the form once started.**

\* Required

\* This form will record your name, please fill your name.

## Contact Details

1. Date of Completion. \*

2. Title \*

3. First name/s: \*

4. Surname: \*

5. Preferred Name:

6. Date of Birth: (This is required for ID verification purposes and will not be shared with short listers) \*

7. Work email address: \*

8. Personal email address: \*

9. Preferred email for communication: \*

Work

Home

Both

10. Contact number: \*

11. Full home address - Including post code: \*

12. Name and full address of current employer: \*

13. Full name and job title of line manager: \*

14. State your Geographical region? \*

## Eligibility

15. Are you a United Kingdom National? \*

Yes

No

16. Are you eligible to work in the UK or participate in this scheme under visa requirements? \*

Yes

No

17. Details you can provide for eligibility to work in the UK? \*

## Professional Qualifications

18. State your General Medical Council number \*

19. Doctor in training grade \*

20. Doctor in training grade (other)

21. Expected CCT date \*

22. Specialty \*

23. Training Board/Deanery details \*

24. Local Education Training Board/Deanery (other) \*

25. Name of training programme director or equivalent \*

## Education & Employment History

26. Sector (NHS, Private etc.) \*

27. List your Education history (Degrees and certification, etc.) \*

28. List your current employment trust/organisation - including job title, dates to and from \*

29. List your relevant employment history - employer, job title, dates to and from \*

30. List relevant publications \*

31. List relevant presentations \*

32. List any relevant prizes or awards received \*

33. Candidates are required to demonstrate satisfactory progression through training or career, as evidenced by satisfactory outcomes in relevant assessments, appraisals, or examinations. *Progression through Training or Career should be evident in employment references.* \*

I confirm that I have gained satisfactory outcomes to demonstrate satisfactory progression through my training or career.

## Application Questions

34. Describe your leadership experience to date, outlining your key achievements and associated impact or outcomes. Please note - experience can relate to formal or informal roles. 300 words max: \*

35. Why do you think clinical leadership is important? Please note: candidates should refer to relevant literature and reflect on their own experience/observations. 300 words max - Listed references are not part of the stipulated word count: \*

36. Please outline your motivation for applying to the scheme and how participation in the scheme will contribute to your own leadership competence and clinical practice. Refer to the personal specification when answering this question. 300 words max: \*

## Declarations

37. I have sought approval from my Training Programme Director or equivalent to apply for out of programme experience for the purpose of the National Medical Director Scheme \*

Yes

No

38. Have you ever been subject to any disciplinary procedure, formal or otherwise? \*

39. Have you ever been subject to a criminal conviction or caution, whether successful or unsuccessful? \*

Yes

No

40. I consent to FMLM **sharing my data** with NHS England for the purposes of running and administrating the scheme. \*

Yes

No

41. I consent to NHS England **holding my personal data** for the purposes of administering the Clinical Fellow Scheme and related activities. \*

Yes

No

42. Is there any other information not stated in this form that you need to declare? \*

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43. How did you hear about this Clinical Fellow Scheme \*

- Through previous Clinical Fellows
- Through current Clinical Fellows
- Through my employer
- Through someone else connected to FMLM
- Via internet search
- Via my professional body



## Equality, Diversity, Inclusion & Belonging Form

Please note that our Equality, Diversity, Inclusion & Belonging form is optional. To support our ongoing commitment to EDIB, we recommend completing this form after submitting your application. You can access it at: XXX

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