**REFERENCE PROFORMA**

**For applications to the Global Health Fellowship Volunteer Programme**

The doctor to whom this reference refers has applied for the Global Health Fellowship Volunteer Programme and has given your name as a referee. We would be grateful if you could provide us with the information required below.

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| --- | --- |
| **Applicant Name:** |  |
| **Training Specialty:** |  |
| **Training Programme:** |  |
| **Date wanting to deploy:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please confirm the applicant’s employment details that are covered by this reference: | | | | |
| **Date started:** |  | **Date finished:** | |  |
| **ST1/ST2:** |  | | | |
| **Specialty:** |  | **Trust/Practice:** |  | |
| **Your relationship to applicant** | Educational Supervisor  🞏 | Clinical Supervisor  🞏 | | Other (please state) |

|  |
| --- |
| **Was their attendance/timekeeping satisfactory?** |
| Yes 🞏 No 🞏 If no, please give details |
| **Was the applicant subject to any disciplinary procedure, formal or otherwise, during their time with you?** |
| Yes 🞏 No 🞏 If no, please give details |

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| **Do you consider the applicant to be resilient and are physically and emotionally suitable for a 4-6 months deployment to a rural setting in Africa? Please provide details below:** |
|  |

|  |  |
| --- | --- |
| **Are you happy to recommend the applicant for the post they have applied for?** | Yes 🞏 No 🞏 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Name:** |  |
| **Position held:** |  | **Trust/Practice** |  |
| **Email:** |  | **Date:** |  |

**Please return to:** [**ghf.eoe@hee.nhs.uk**](mailto:ghf.eoe@hee.nhs.uk)