University/Clinical Practice Support Form

This form is to be completed and signed by a personal tutor or clinical practice mentor. This form is the second part of a student’s application to the Student Leadership Programme. For details about the programme, please visit <http://councilofdeans.org.uk/studentleadership>

Throughout the programme each student is expected to accomplish the following:

* Attend a welcome event on 10-11 March 2020 and another event in November 2020
* Participate in the one-on-one coaching programme from March - October 2019
* Make a meaningful contribution to the online community through social media
* Lead on a project that has a positive impact on the university, or university peers
* Submit a final report to the Council of Deans of Health once the programme is complete

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| **Student’s Full Name** |  |
| **Supporter’s Full Name** |  |
| **Supporter’s Organisation and Role** |  |
| **Supporter’s Email Address** |  |
| **Supporter’s Contact Number** |  |
| **Please state in which capacity you know the student** |  |

Date: Signature: