**Teaching and Learning Fellow**

**Expression of interest**

|  |  |
| --- | --- |
| Name: |  |
| Grade: |  |
| Specialty: |  |
| Trust/Organisation: |  |
| Contact Email: |  |
| Contact Phone Number: |  |
| Please state in no more than 200 words why you wish to be considered for the Teaching and Learning Fellow  *(Applications that are greater than 200 words will not be considered)* |  |

Please send completed applications to- [BlendeLearning.eoe@hee.nhs.uk](mailto:BlendeLearning.eoe@hee.nhs.uk)