ACADEMY FELLOWSHIP
3. Referee Form

Referee Information - Please fill in orange sections (nos. 2 to 6) on this form to authenticate and validate the Fellowship application for the person identified below in Section 1.

Where a candidate applies for Fellowship in more than One Category you are only required to validate the evidence being submitted in the category where you are requested and in the position to do so, a second referee will be responsible for validation of any evidence outside your realm expertise or knowledge of the candidate's capacity and talent in any other Category of Fellowship.

As a Referee you must complete this form and return it directly to the Academy. Please do NOT return this form to the applicant.

The Academy will from time to time audit the Fellowship applications and the referee declarations and you may be contacted to verify your reference.

Section R1: Applicant Details – to be filled in by the Candidate

Gender: *Please tick* ☐ Male ☐ Female
Title: *Please tick* ☐ Prof ☐ Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other:

Forenames: **Family Name:**

Telephone number: **Mobile number:**
Country Code **(   )** *No:* **(   )**   *Country Code* **(   )** *No:* **(   )**

Section R2: Referee Contact Details

Gender: *Please tick* ☐ Male ☐ Female
Title: *Please tick* ☐ Prof ☐ Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other:

Forenames: **Family Name:**

Address:

Town: **ZIP:**   **Country:**

Telephone number: **Mobile number:**
Country Code **(   )** *No:* **(   )**   *Country Code* **(   )** *No:* **(   )**

Email address:

Occupation:

Employer:

Section R3: Declaration – Relationship to applicant

Please clarify your relationship with the applicant.

Section R4: Declaration – Basis on which you are able to validate the applicant's evidence

Please clarify your area of expertise, colleague etc.

Section R5: Personal Statement (max 350 words)

Please provide a brief statement to substantiate your support of this application.

Clinical Practice Referees: please comment on the content and verify the authenticity of each case study that has been submitted by your colleague to support their application.

Section R6: Referee Declaration

Please tick the boxes below and sign and date the form to indicate your agreement of these statements and verification of the application and supporting evidence as provided to you.

☐ I confirm I have reviewed the Academy Fellowship submission and supporting evidence provided to me by the above named applicant and confirm that it is accurate and true.

☐ I am willing for the Academy to contact me to discuss any aspect of my verification of this application.

☐ I am a current member of the European Academy.

☐ I qualify as a Referee in accordance with the guidelines provided by the Academy (see below).

☐ I understand that a Fellow is an individual who has been recognised by the Academy as having demonstrated work that has made an impact in their chosen field of practice at a local, national and/or international level. Fellowship acknowledges individuals who have made a significant contribution to the practice of optometry, optics or vision science by showing excellence and/or innovation in one or more of the chosen categories of Fellowship and I know of no reason why this applicant should not be considered for Fellowship.

Signed: **Date:**

WHO CAN BE A REFEREE?

- Referees may include Members or Fellows of the European Academy or other national / regional professional bodies related to optometry, optics, vision science, medicine or the optical industry.
- Referees must be of sufficient standing to be able to attest to the accuracy of the evidence and confirm that they know of no reason why the applicant should not be considered for Fellowship of the European Academy.
  Exceptions – people who may NOT act as referees:
- Members of the Academy's Board of Trustees, Education Committee or Academy Manager
- An individual directly related to the applicant through marriage or family (eg parent, spouse, siblings, children)

Section R7: Return Details

Please send the completed form to:

European Academy of Optometry and Optics   E: sonja.zinken@hu.nl

Official use Only:

Date Received:

Checked

Reference No. allocated: