

Senior Fellowship of SEDA: Submission Form

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| Name:  Email:  Telephone number:  Postal address:  Post code: | | |
| Institution (if applicable) | | |
| SEDA involvement / interests | | |
|  |  | **Please tick** |
|  | I enclose evidence I have met, and will continue to meet, the Core Development Outcomes |  |
|  | **Either** I already hold SEDA Fellowship |  |
| **Or** I enclose evidence that I have met the Specialist Outcomes for FSEDA |  |
|  | I enclose evidence that I have met the Specialist Outcomes for SFSEDA |  |
|  | I enclose evidence that my work is informed by, and promotes, all the SEDA Values |  |
|  | I enclose a Letter of Testimonial provided by  (Name)  (Post or title, institution) |  |
| **Name** |  | |
| **Signature** |  | |
| **Date** |  | |
| **Data-protection**  We ensure that we comply with all applicable data protection laws when handling your information. Your personal data will be processed in accordance with the General Data Protection Regulation 2016/679 of the European Union and the Data Protection Act 2018.  For more information about this, your rights, and our approach to Data Protection and Privacy, please see our Privacy Notice: <https://www.seda.ac.uk/resources/files/SEDA%20Privacy%20Notice%201.0.pdf> | | |