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| **FIRST TIME APPLICATION**This form should be used by first time applicants to the *UCD Medicine Clinical Pathway*. **Applicants are not required to propose an academic rank.** This will be determined by the Review Panel. Please complete this form fully to ensure that the Review Panel has all relevant information on which to make a decision. Detailed curricula vitae, testimonies or personal references will not be considered.***Please submit completed application form by email to*** ***Clinicalpathway@ucd.ie****. Please do not convert to a pdf format.* |
| **PERSONAL & CONTACT DETAILS** |
| **Name:** | **Click here to enter text.** |
| **Current Position:** | Click here to enter text. |
| **Institution:** | Click here to enter text. |
| **Home Address:** | Click here to enter text. |
| **UCD Address:\*** | Click here to enter text. | **UCD Personnel No.\*** | Click here to enter text. |
| **Telephone:** | Click here to enter text. | **PPS No.:** | Click here to enter text. |
| **E-mail:** | Click here to enter text. |  | \* *if applicable* |

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| **ACADEMIC & PROFESSIONAL QUALIFICATIONS**  |
| **Dates** | **Qualification** | **Awarding Institution** |
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| **EMPLOYMENT SUMMARY** |
| **Dates** | **Position Title** | **Employer** |
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| **HONOURS & AWARDS** |
| **Dates** | **Award** | **Awarding Institution** |
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| **1. RESEARCH SCHOLARSHIP & INNOVATION***Candidates will be assessed on the extent of national and international recognition as a leading clinical researcher and scholar.* |

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| **Research Interests** (*Briefly list key research interests clearly distinguishing current research from previous activity)* |
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| **Current Research Team** (*Enter numbers not individual names)*  | **Supervisory Experience** (*Enter numbers not individual names)*  |
| **Level** | **Full-Time** | **Part-Time** | **Level** | **Ongoing** | **Completed** |
| MSc Students |  |       | MSc Students |  |  |
| MD Students |  |  | MD Students |  |  |
| PhD Students |  |  | PhD Students |  |  |
| Post-Doctoral Fellow |  |  | Post-Doctoral Fellow |  |  |
| Other (*Specify)* |  |  | Other (*Specify)* |  |  |
| **Total** |  |  | **Total** |  |  |

*Insert additional rows as necessary*

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| **Research Grants & Awards – Current Funding***(If award was part of a collaboration, please indicate your relative contribution here\*)*  |
| **Date / Time Period** | **Amount (€)** | **Funding Agency** | **%Contribution\*** | **UCD R-Account Ref.** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |       |       |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |       |       |
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*Insert additional rows as necessary*

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| **Research Grants & Awards – Recent Funding (5-10 years)***(If award was part of a collaboration, please indicate your relative contribution here \*)*  |
| **Date / Time Period** | **Amount (€)** | **Funding Agency** | **%Contribution\*** | **UCD R-Account Ref.** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |       |       |
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| **Publication Record – Summary**  |
| **Time Period** | **Total No. of Publications** | **No. of Peer-Reviewed Publications** |
| 2017 – 2023 |       |       |
| 2010 – 2016 |       |       |
| H Index (*if known)* | Click here to enter text. | as reported by: | Click here to enter text. |

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| **Five Most Recent Publications** *(Please provide full publication details including PMID if possible)* | **PMID** |
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| **Five Most Significant Other Publications** *(Please provide full publication details including PMID if possible)* | **PMID** |
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| **Other Research Outputs** (*Briefly list other research outputs arising from your research e.g. patents, major licensing arrangements, NewCo., etc.)* |
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| **2. CLINICAL & ACADEMIC LEADERSHIP***Candidates will be assessed on their competency within a clinical specialty, their commitment to excellence in patient care and their academic leadership within their chosen field. Please provide detail (where relevant) which demonstrates this clinical and academic leadership.* |

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| **Clinical Appointment** (*Briefly describe qualification, registration and appointment showing extent of service, breadth of experience and clinical caseload)* |
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| **Clinical Training** (*Briefly describe internationally recognised and accredited training programmes (including CPD) completed post qualification as a clinician)* |
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| **Service Leadership** (*Briefly describe any appointments as a senior clinical leader, management of clinical programmes, departments or specialist service)* |
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| **Profession Leadership** (*List membership of internationally recognised professional organisations within area of clinical specialty. Document substantial contributions made to and/or election to key positions within national and international bodies and societies.)* |
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| **National Leadership** *List membership of government advisory bodies, committees of enquiry and international delegations relevant to clinical experience. Provide details of the organisation, hosting and chairing of nationally and internationally recognised academic and clinical conferences. Contribution to public awareness of clinical specialty through participation in media exchanges (press, radio, television, etc ).* |
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| **International Recognition** (*List invitations to deliver keynote lectures and addresses at national and international conferences. Describe invitations to serve as external examiner, clinical expert or visiting academic in academic or clinical centres of international repute.)* |
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| **3. TEACHING, LEARNING & ASSESSMENT***Candidates will be expected to contribute strongly to UCD teaching, learning and assessment of undergraduate, postgraduate and CPD students. They will be expected to have shown sustained, high quality contribution to medical education and/or pedagogic research within area of clinical specialty.* |

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| **UCD Teaching Experience** *(Briefly describe your contribution to teaching and clinical training within UCD undergraduate and postgraduate programmes.)* |
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| **UCD Examiner Experience** *(Briefly describe your contribution to examinations and assessments within UCD educational programmes.)* |
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| **Other Teaching Experience** *(Briefly describe your contribution to teaching or assessment within programmes delivered by institutions other than UCD.)* |
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| **Teaching Awards & Recognition** *(Evidence of your performance as a teacher through awards and/or peer review recognition of teaching excellence.)* |
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| **Educational Leadership** *(Briefly describe your role in the development of new programmes, improvement in existing programmes, and authoring of textbooks, computer-based or other education resources.)* |
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*Insert additional rows as necessary*

**FOR OFFICE USE ONLY - APPLICATION VERIFICATION and STATEMENT OF SUPPORT**

Dear Section Leader,

The attached application has been made under the UCD Medicine Clinical Pathway. Please review the application form and provide your assessment of the individual’s contribution to our academic programmes.

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| **Comment by Section Leader** *Please provide any relevant context or background information on the contribution of the applicant to academic or clinical activities in the domains of:* |
| 1. **Research, Scholarship & Innovation**
 |
| Click here to enter text. |
| Click here to enter text. |
| 1. **Clinical & Academic Leadership**
 |
| Click here to enter text. |
| Click here to enter text. |
| 1. **Teaching, Learning & Assessment**
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| **Summary***Relative strength of contribution in each area. Please tick as appropriate.*  |
| 1. **Research, Scholarship & Innovation** Modest [ ]  Normal [ ]  Strong [ ]  Very Strong [ ]
 |
| 1. **Clinical & Academic Leadership** Modest [ ]  Normal [ ]  Strong [ ]  Very Strong [ ]
 |
| 1. **Teaching, Learning & Assessment** Modest [ ]  Normal [ ]  Strong [ ]  Very Strong [ ]
 |
| **Recommended Academic Rank:** |
|  UCD Assistant Clinical Professor [ ]  UCD Associate Clinical Professor [ ]  |
|  UCD Clinical Professor [ ]  UCD Full Clinical Professor [ ]  |

I verify that the information provided above by the applicant is, to the best of my knowledge, correct. I support this application and will be willing to provide any further information required by the Review Panel.

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| **Name: Click here to enter text.** |
| Title: Click here to enter text. |