|  |
| --- |
| **APPLICATION FOR PROMOTION**This form should be used by existing appointees within the *UCD Medicine Clinical Pathway*. **First-time applicants should NOT use this form.**Candidates wishing to be considered for promotion are invited to highlight achievements and contributions made since their last review. Clear evidence of progression under the assessment criteria will be necessary to justify advancement within the UCD Clinical Pathway. **Candidates should note that the Review Panel would normally expect a minimum of three years between an appointment and an application for promotion.**Please complete this form fully to ensure that the Review Panels have all relevant information. Detailed testimonies or personal references will not be considered.Please submit completed application form and a copy of your recent curriculum vitae by email to clinicalpathway@ucd.ie  |

|  |
| --- |
| **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. | **UCD RMS Profile:** | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Current Appointment** *(Pre-2015 Academic Titles in parenthesis)* | **Year of Appointment:** |  |
| UCD Assistant Clinical Professor [ ]  | UCD Associate Clinical Professor [ ]  | UCD Clinical Professor [ ]  | UCD Full Clinical Professor [ ]  |

|  |
| --- |
| **Evaluation Criteria** |
| *(Please describe additional achievements or contributions since previous appointment which would justify promotion or reappointment.)* |
| 1. **Research Scholarship & Innovation**
 |
| 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. |

*Insert additional rows as necessary*

|  |
| --- |
| 1. **Clinical & Academic Leadership**
 |
| 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. |

*Insert additional rows as necessary*

|  |
| --- |
| 1. **Teaching, Learning & Assessment**
 |
| 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. |

*Insert additional rows as necessary*

|  |
| --- |
| 1. **Other Relevant Information**
 |
| 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. |

**UCD Research Profile**

Please note : Applicants seeking promotion within the *UCD Medicine Clinical Pathway* **must** have created and published a Research Profile on the University’s research management system (RMS Profile). This is an important step in ensuring that your contributions to the University are recognised, that academic colleagues and students can identify potential collaborators or supervisors.

|  |  |
| --- | --- |
| **UCD RMS Profile:** | Click here to enter text. |

Further details on how to create and publish an RMS Profile can be found here: <https://www.ucd.ie/research/portal/researchprofiles/>

**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.

|  |
| --- |
| **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**
 |
| Click here to enter text. |
| Click here to enter text. |

|  |
| --- |
| **Summary***Relative strength of contribution in each area.*  |
| 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 [ ]
 |

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.

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