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| **APPLICATION FOR RE-APPOINTMENT***All UCD Adjunct Appointments are for a maximum of five years. Hence it is necessary to apply for re-appointment at the same academic rank. This form should be used by existing UCD Clinical Pathway appointees wishing to retain their appointment. First-time applicants should NOT use this form.**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**.*  |
| **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. |

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| **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 [ ]  |

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| **Evaluation Criteria** |
| *(Please describe additional achievements or contributions since previous appointment which may justify promotion or reappointment.)* |
| 1. **Research Scholarship & Innovation**
 |
| Click here to enter text. |
| Click here to enter text. |

*Insert additional rows as necessary*

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| 1. **Clinical & Academic Leadership**
 |
| Click here to enter text. |
| Click here to enter text. |

*Insert additional rows as necessary*

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| 1. **Teaching, Learning & Assessment**
 |
| Click here to enter text. |
| Click here to enter text. |

*Insert additional rows as necessary*

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| 1. **Other Relevant Information**
 |
| Click here to enter text. |
| Click here to enter text. |

**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**
 |
| 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.

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