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| **APPLICATION FOR RE-APPOINTMENT**  *All UCD Adjunct Appointments are for up to five years but can be renewed by re-application. This form should be used by existing UCD Clinical Pathway appointees wishing to retain their appointment. First-time applicants or applicants seeking promotion 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*](mailto: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 achievements or contributions since previous appointment which justify 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. **Teaching, Learning & Assessment** |
| Click here to enter text. |
| Click here to enter text. |

*Insert additional rows as necessary*

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| 1. **Clinical Leadership** |
| 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 or Associate Dean,

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

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| **Summary**  *Relative strength of contribution in each area.* |
| 1. **Research, Scholarship & Innovation** Modest  Normal  Strong  Very Strong |
| 1. **Teaching, Learning & Assessment** Modest  Normal  Strong  Very Strong |
| 1. **Clinical Leadership** 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. |