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

*Insert additional rows as necessary*

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| 1. **Clinical Leadership**
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| 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. |