# APPLICATION FORM: ACADEMIC PROMOTION

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| It is important to read the accompanying ‘Completing an Application: Guidance for Applicants’ before completing the application form. This is to ensure you provide all the information required. Applicants should focus on the period since their last promotion or appointment.NOTE: Applications that do not adhere to the specified requirements, including being received by 15 April 2024, Arial font size 12 and no more than 5 pages of A4 for Part 4 (6 for NHS Consultants) or contain alterations to the content/layout of the application form will automatically be invalidated. | | | | | | |
| Part 1 – Promotion Category and Route | | | | | | |
| Promotion category: Please indicate the promotion sought (mark an “X” in one box as appropriate): | | | | | | |
| Senior Lecturer |  | | |  |  | |
| Reader |  | | |  |  | |
| Professor |  | | |  |  | |
| Promotion route: Please indicate whether your application is founded mainly on (mark an “x” in **one box** as appropriate): | | | | | | |
| Education | |  | Innovation and Enterprise | | |  |
| Research | |  | Practice | | |  |
| Education and Research | |  |  | | |  |
| Does your Institute Director support your application? Yes  No  (Mark as applicable) | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Part 2 – Personal Details and Background** | | | |
| **SECTION A – Personal details Please complete all sections.** | | | |
| **Employee number:** | Click or tap here to enter text. | **Title** (e.g. Mr. Mrs. Ms. Miss. Dr) | Click or tap here to enter text. |
| **Family name:** | Click or tap here to enter text. | **First name(s):** | Click or tap here to enter text. |
| **Current job title:** | Click or tap here to enter text. | | |
| **Title applied for, including subject area:** | Click or tap here to enter text. | | |
| **Date of appointment/promotion to present post** (dd/mm/yy): | | Click or tap here to enter text. | |
| **Full-time Equivalent worked at SGUL**  **(**FTE of 1.0 is equivalent to a full-time worker): | | Click or tap here to enter text. | |
| **Institute:** | Choose an item. | **Section/Research Centre:** | Click or tap here to enter text. |
| **Work address:** | Click or tap here to enter text. | | |
| **Email address:** | Click or tap here to enter text. | **Contact Telephone number:** | Click or tap here to enter text. |
| **Date of appointment to SGUL:** | | *Click or tap to enter a date.* | |
| **Date of appointment to current level, either at SGUL or previous Institution:** | | Date: Click or tap to enter a date.  Level: Choose an item.  If other, please specify Click or tap here to enter text. | |
| **ORCID number (where applicable):** | | Click or tap here to enter text. | |

|  |  |  |
| --- | --- | --- |
| **SECTION B – Personal education (including academic & other honours, eg awards).** Please list most recent first. | | |
| **Academic/other honour or qualification** | **Name of Institution** | **Date (mm/yy)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Delete/add rows as necessary |  |  |

|  |  |  |
| --- | --- | --- |
| SECTION C – Previous appointments within and outside the university. Please list most recent first. | | |
| Position | Organisation and location | Dates (mm/yy – mm/yy) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Delete/add rows as necessary |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Part 3 – Institute Director External Assessor recommendations** | | | |
| Please provide contact details for two external assessors to support the application. | | | |
| **First External Assessor** | | | |
| **Title:** | Click or tap here to enter text. | **Name:** | Click or tap here to enter text. |
| **Institution:** | Click or tap here to enter text. | | |
| **Email Address:** | Click or tap here to enter text. | | |
| **Second External Assessor** | | | |
| **Title:** | Click or tap here to enter text. | **Name:** | Click or tap here to enter text. |
| **Institution:** | Click or tap here to enter text. | | |
| **Email Address:** | Click or tap here to enter text. | | |

|  |  |  |
| --- | --- | --- |
| **Part 4 – Institute Director Confirmation** | | |
| **Name of Institute Director:** | Click or tap here to enter text. | |
| **I confirm that I have read this application, and it reaches the minimum requirement for academic promotion application** | | Yes  No  (Mark as applicable) |

|  |
| --- |
| **Part 5 – Main Application** |
| It is important to read the accompanying ‘Completing an Application: Guidance for Applicants’ before completing the application form. This is to ensure you provide all the information required.NOTE: This part must be no more than 5 pages of A4 (6 for NHS Consultants), Arial font size 12. No alterations should be made to the content/layout of the application form. Applications that do not adhere to these requirements will automatically be invalidated. |
| **SECTION D – Education** |
|  |
| **SECTION E – Research** |
|  |
| **SECTION F – Practice** |
|  |
| **SECTION G – Innovation and enterprise** |
|  |
| **SECTION H – Academic leadership and administration** |
|  |
| **SECTION I – Further information** |
|  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part 6 – Grants, publications, and research degree supervision** | | | | | | | | | |
| **SECTION J – Grants** Please delete/add rows as necessary | | | | | | | | | |
| Title of award | | Name of awarding body | | Value of award (overall, to St George’s and/or self) | Names of all grant holders  **(PI in bold)** | | Duration | | Additional information: Individual role in obtaining grant; principal area of investigation; etc. |
| From | To |
|  | |  | |  |  | |  |  |  |
|  | |  | |  |  | |  |  |  |
|  | |  | |  |  | |  |  |  |
|  | |  | |  |  | |  |  |  |
| **SECTION K – Publications** Please separate into “original scientific research” and “review or commentary” articles. State all authors in published order (or number and where your name appears if numerous) | | | | | | | | | |
|  | | | | | | | | | |
| **SECTION L – Research degree supervision** Please delete/add rows as necessary | | | | | | | | | |
| Student name | Type of student  (e.g. PhD, MDRes, professional doctorate) | | Supervision status (i.e. current or completed) | | Role  (i.e. first or second supervisor) | Supervision dates | | Additional information | |
| From | To |
|  |  | |  | |  |  |  |  | |
|  |  | |  | |  |  |  |  | |
|  |  | |  | |  |  |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Part 7 – Personal circumstances** | | | |
| **Please use this section to indicate whether any relevant personal circumstances apply and to outline how these have impacted on your work (no more than 300 words). Add/delete/expand rows as necessary.** You are strongly advised to read the accompanying ‘Completing an Application: Guidance for Applicants’ before completing this section. This is to ensure you provide all the information required by the Personal Circumstances Panel to consider how your circumstances have affected your quantitative output. **Applicants that wish to declare personal circumstances separately should leave Part 6 of the application form blank and instead complete and submit a separate version of Part 6.** | | | |
| Date personal circumstances began (DD/MM/YY) | Date personal circumstances ended (DD/MM/YY) | Explain the impact of the personal circumstances on your quantitative output. | State whether this was a period of absence/  disruption/  part-time working |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Part 8 – External Assessors** | | | |
| Please provide contact details for two external assessors to be contacted. Please be aware that personal details from your application form and CV will be shared with external assessors. | | | |
| **First External Assessor** | | | |
| **Title:** | Click or tap here to enter text. | **Name:** | Click or tap here to enter text. |
| **Institution:** | Click or tap here to enter text. | | |
| **Email Address:** | Click or tap here to enter text. | | |
| **Second External Assessor** | | | |
| **Title:** | Click or tap here to enter text. | **Name:** | Click or tap here to enter text. |
| **Institution:** | Click or tap here to enter text. | | |
| **Email Address:** | Click or tap here to enter text. | | |

|  |
| --- |
| **Academic clinicians from NHS Trusts** applying for promotion **should also complete the Equality and Diversity Reporting Form.**  Copies are available from the university’s website regarding the current year’s academic promotions round. |