**Application for an Honorary Academic Title**

**Part 1 – Your details** (for completion by applicant)

Please enclose a copy of your CV with the completed application form, please also enclose a copy of your Integrated Job Plan if this is a clinical application. It is essential that all sections of this form are completed in full. You should not refer to sections of your CV on the form as a way of substituting the information requested.

**1a) Contact details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** | **First Name** | | | **Last Name** |
|  |  | | |  |
| **Correspondence Address** | | | | |
|  | | | | |
| **Contact Telephone Number** | | **Date of Birth** | **Email Address** | |
|  | |  |  | |

**1b) Honorary or visiting title**

Honorary Professor  Visiting Professor

Honorary Clinical Professor  Visiting Clinical Reader

Honorary Reader  Visiting Clinical Senior Lecturer

Honorary Clinical Reader  Visiting Senior Lecturer

Honorary Senior Lecturer  Visiting Clinical Lecturer

Honorary Clinical Senior Lecturer  Visiting Teaching Fellow

Honorary Lecturer  Visiting Research Fellow

Honorary Clinical Lecturer

Honorary Teaching Fellow

Honorary Clinical Teaching Fellow

Honorary Research Fellow

**1c) Qualifications**

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| --- | --- | --- | --- |
| **Degree/qualification** | **Year** | **Awarding Institution** | **Class (if applicable)** |
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**1d) Current post(s)**

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| --- | --- | --- | --- |
| **Dates** (from) | **Post** | **Organisation/Institution** | **Existing Honorary Titles** |
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**1e) Previous post(s)** (last 7 years only)

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| --- | --- | --- |
| **Dates**  (to – from) | **Post** | **Organisation/Institution** |
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**Part 2 – Academic contribution** (for completion by applicant)

**2a) Current and planned teaching commitments within BSMS**

Please provide full details of your current contribution, including time commitment, to teaching students on the BM BS programme and/or taught postgraduate programmes in the Division of Medical Education. Where you have specific roles within modules and/or programmes, please provide information about what these roles involve. If you plan to enhance your contribution to teaching in the near future please also provide further details.

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| --- |
| **Undergraduate BM BS Programme** |
| (max. 200 word) |

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| --- |
| **Taught postgraduate programmes in Division of Medical Education** |
| (max. 200 word) |

**2b) Contribution to curriculum planning/development and teaching administration within the School**

Please provide full details of your current contribution, including your role supporting curriculum development and teaching administration, and the nature of the work involved. Where you have specific roles within modules and/or programmes, please provide information about what these roles involve. If you plan to enhance your contribution in this area in the near future please provide further details.

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| **Undergraduate BM BS Programme** |
| (max. 200 word) |

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| **Postgraduate programmes in Division of Medical Education** |
| (max. 200 word) |

**2c) Research**

Please provide full details of your current research and areas of interest, any research grants held, specific collaborations within BSMS, collaborations outside of BMS, and research students currently working under your supervision (if applicable).

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| --- |
| (max. 200 word) |

**2d) Publications**

Please list your peer reviewed publications from the last 5 years and highlight the 10 publications you consider to be your most significant.

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**Part 3 – Verification** (for completion by applicant)

I confirm that in my opinion there is no potential conflict of interest for the person proposing my nomination:

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| **Applicant’s signature** |
|  |

I confirm that the above information is correct to the best of my knowledge:

|  |  |  |
| --- | --- | --- |
| **Applicant’s signature** | **Print Name** | **Date** |
|  |  |  |

**Part 4 – Support from Employer** (for completion by Trust Medical Director, Chief Executive or Senior GP Partner)

I confirm that I support this application:

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** | **Print Name** | | **Date** |
|  |  | |  |
| **Job/Title** | | **Trust/Practice** | |
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**Part 5 – Academic Reference** (please provide the name of a senior member of BSMS faculty who can support your application)

I confirm that I support this application:

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| **Name of academic referee** | **Title** |
|  |  |
| **Signature of academic referee** | **Date** |
|  |  |
| **Comments from academic referee** | |
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**Part 6 – Confirmation of BSMS Head of Division** (for completion by relevant BSMS Head of Division)

I confirm that this application should be presented to the BSMS Honorary Titles Sub-Committee.

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| **Head of Division** | **Date** |
|  |  |

If the nomination should be presented by a BSMS member of Faculty other than yourself, please add the name here:

**Office use only**

Confirmation of APATC approval

|  |  |
| --- | --- |
| **Signature** | **Date** |
|  |  |
| **Print Name** | **Position** |
|  |  |