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| ANU_LOGO_cmyk_39mm  | ANU Medical SchoolAcademic Title Form |

# Part 1

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| **1.1 Staff member details** |
| **Title:** |  | **University ID:** | U |
| **Family Name:** |  | **Gender:** |  |
| **Given Names:** |  | **Date of Birth:** |  |
| **Email:** |  | **Telephone:** |  |
| **Current Appointment:** |  |
| **Current Organisation/Dept:** |  |
| **Health Profession Speciality:** |  |
| **ORCID ID (**<https://orcid.org>**)** **\*if applicable** |  |
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| **1.2 Status Applied For** |
| Further information on the requirements for both Full and Clinical Academic Status are outlined via the “[Guidelines for Academic Titles for Clinicians](http://medicalschool.anu.edu.au/files/guidelines-for-academic-title-for-clinicians-march-2017.pdf)”.  |
| [ ]  Full [ ]  Clinical[ ]  New[ ]  Renewal[ ]  Promotion (Clinical Title Only)  | [ ]  Level A (Associate Lecturer/Clinical Associate Lecturer)[ ]  Level B (Lecturer/Clinical Lecturer)[ ]  Level C (Senior Lecturer/Clinical Senior Lecturer)[ ]  Level D (Associate Professor/Clinical Associate Professor)[ ]  Level E (Professor/Clinical Professor) |
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| **1.3 Applicant Declaration (required)** |
| [ ]  | I confirm that my Medical Registration is current, with NO conditions. Medical Registration No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | I confirm that I have discussed my application with my nominated ANU Academic Supervisor. |
| [ ]  | I confirm that I have discussed my application with my nominated Clinical Supervisor. |
| [ ]  | I confirm that I have checked my application for completeness and accuracy. |
| **Signature:**  | **Date:**  |

# Part 2

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| **2.1 ANU Medical School Academic Supervisor Endorsement** |
| I confirm that I have discussed this application with the applicant, considered the achievements of the applicant in relation to School, College and University standards, and I have provided a statement below outlining my support for their application for academic title within the ANU Medical School (one half A4 page maximum).  |
| **Research (including Research Engagement/ Service)** **Education (including Teaching, Education Engagement/ Service)****Service Engagement (includes Service to the School, College and University)** |
| **Signature:**  | **Date:**  |
| **Name:** |  |
| **Position:** |  |

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| **2.2 Clinical Supervisor Endorsement** |
| I confirm that I have discussed this application with the applicant, considered the achievements of the applicant in relation to School, College and University standards, and I have provided a statement below outlining my support for their application for academic title within the ANU Medical School (one half A4 page maximum). |
| **Research (including Research Engagement/ Service)****Education (including Teaching, Education Engagement/ Service)****Service Engagement (includes Service to the School, College and University)** |
| **Signature:**  | **Date:**  |
| **Name:** |  |
| **Position:** |  |

# ****Part 3****

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| **3.1 Case – Past Contributions** |
| **Statements of past contributions (One A4 page maximum for each area of contribution – total of three pages)**These statements should refer to School, College and University standards, provide detailed information relevant to your discipline and be supported by evidence. Please make reference to the [ANU Medical School Honorary Academic Title Performance and Promotions Indicators.](http://medicalschool.anu.edu.au/files/Performance%20and%20Promotion%20Indicators%20Clinicians%202017%20final.pdf) |
| **Research (including Research Engagement/ Service)**(Please comment on past Research (including Research Engagement / Service) contributions)**Education (including Teaching, Education Engagement/ Service)**(Please comment on past Education (including Teaching, Education Engagement / Service) contributions)**Service Engagement (includes Service to the School, College and University)**(Please comment on past Service Engagement (including Service to the School, College and University / Service) contributions) |

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| **3.2 Case – Proposed Future Contributions** |
| **Statements of future contributions (One A4 page maximum for each area of contribution – total of three pages)**These statements should refer to School, College and University standards, provide detailed information relevant to your discipline and be supported by evidence. Please make reference to the [ANU Medical School Honorary Academic Title Performance and Promotions Indicators.](http://medicalschool.anu.edu.au/files/Performance%20and%20Promotion%20Indicators%20Clinicians%202017%20final.pdf) |
| **Research (including Research Engagement/ Service)**(Please comment on future Research (including Research Engagement / Service) contributions)**Education (including Teaching, Education Engagement/ Service)**(Please comment on future Education (including Teaching, Education Engagement / Service) contributions)**Service Engagement (includes Service to the School, College and University)**(Please comment on future Service Engagement (including Service to the School, College and University / Service) contributions) |

# Part 4

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| **4.1 Further Referee Nomination** |
| I have informed each of my nominated referees that they may be contacted to provide comments on my suitability for academic title within the ANU Medical School.  |
| **Referee 1** |  | **Referee 2** |  |
| **Name:** |  | **Name:** |  |
| **Position/Field:** |  | **Position/Field:** |  |
| **Institution:** |  | **Institution:** |  |
| **Email:** |  | **Email:** |  |

# ****Part 5****

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| **5.1 Curriculum vitae** |
| Please attach your curriculum vitae. An example CV template can be found [here](http://medicalschool.anu.edu.au/files/CV-Template-Example.pdf). |

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| **5.2 Supporting evidence (optional)** |
| Applicants may also attach a maximum of five pages of supporting evidence that demonstrate the quality, productivity and impact their contributions to research/creative activity, education, service or leadership. |

**Part 6**

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| **6.1 Education, Research and Service Activities** |
| As set out in my proposed future contributions to the School’s programs (Education, Research, Service) I would like to  |
| **Activity**  | **YES / Comments** |
| **Develop/review Y1-2 curriculum and assessment materials** |  |
| **Develop/review Y3-4 curriculum and assessment materials** |  |
| **PBL tutoring Acton campus (7 hours per fortnight)** |  |
| **Clinical tutoring (CBL) Canberra Hospital campus** |  |
| **Clinical Skills teaching Canberra Hospital campus** |  |
| **Examiner Yrs 1–2, OSCEs, marking, standard setting (specify which)** |  |
| **Examiner Yrs 3-4, OSCEs, marking, long case exam (specify which)** |  |
| **Delivering lectures (nominate discipline areas)** |  |
| **Supervising PhD/MPhil students** |  |
| **Research project supervision** |  |
| **Supervising student clinical placements** |  |
| **Mentoring junior medical staff** |  |
| **Year 4 Academic Supervisor** |  |
| **Student Year Coordinator** |  |
| **Committee Service Medical School (specify)** |  |
| **Research Publications** |  |
| **Applications for competitive grant funding** |  |
| **Community service (separate to clinical service)** |  |
| **Service to Professional Societies, peer review** |  |
| **Other (Please specify):** |  |
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