**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**

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| --- | --- | --- | --- |
| **Title** | **First Name** | | **Last Name** |
|  |  | |  |
| **Correspondence Address** | | | |
|  | | | |
| **Contact Telephone Number** | | **Email address** | |
|  | |  | |
| **Date of Birth** | | **Nationality** | |
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**1b) Honorary or visiting title**

\* Honorary (Clinical) Professor  Visiting (Clinical) Professor

\* Honorary (Clinical) Reader  Visiting (Clinical) Reader

Honorary (Clinical) Senior Lecturer  Visiting (Clinical) Senior Lecturer

Honorary (Clinical) Lecturer  Visiting (Clinical) Lecturer

Honorary (Clinical) Senior Teaching Fellow  Visiting Senior Teaching Fellow

Honorary (Clinical) Teaching Fellow  Visiting Teaching Fellow

Honorary Senior Research 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 5 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) Reason for application**

**Please give a brief reason for your application for an honorary title at BSMS:**

(Max 250 words)

**2b) Details of continued contribution to Teaching at either at Undergraduate or Postgraduate level** (please tick)

Lectures  Offering Student Selected Components

Ward based teaching  Offering IRPs

Administration / organisation /  Admissions Interviews

Management of teaching  Student Mentoring

Examinations / marking and assessing  (Clinical) Academic Tutor

Small group teaching  Teaching students on attachment to Firm

**2c) Current teaching commitments within BSMS**

Please provide full details of your current contribution to teaching students on the BMBS programme and/or taught postgraduate programmes in the Department of Medical Education. Where you have specific roles within modules and/or programmes or curriculum design and development, please provide relevant information.

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| **Undergraduate BMBS Programme** |
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| **Taught postgraduate programmes in Department of Medical Education** |
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**2d) Current teaching commitments in other Institutions**

Please provide full details of any teaching activities at either Undergraduate or Postgraduate level which you undertake for Institutions other than BSMS.

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| **Undergraduate or Postgraduate teaching activities not at BSMS** |
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**2e)** **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.

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| **Undergraduate BMBS Programme** |
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| **Postgraduate programmes in Department of Medical Education** |
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**2f) Research**

Please provide full details of your current research and areas of interest, specific collaborations within BSMS, collaborations outside of BMS, and research students (e.g. IRP project students) you have supervised.

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| (Max 300 words) |

**2g) Publications**

Please list your peer reviewed publications from the last 5 years.

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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.
* I confirm that the above information is correct to the best of my knowledge.
* I declare that I am in good standing with the GMC and my employing institution and that there are no reasons why I should not represent BSMS by the acceptance of the honorary title I have applied for.
* If you feel that you are unable to make this statement above for whatever reason, please contact the Chair of the HTC to discuss.

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

**Part 4 – Support from Employer** (for completion by Medical Director (or Deputy), Senior GP Partner) please tick the appropriate box

I confirm that I support this application and confirm that the applicant has no outstanding disciplinary proceedings, suspensions, restrictions on practice or involvement in any ongoing concerns related to their role.

I confirm that the applicant has discussed the application with the relevant line manager who confirms that the activities described in this application are compatible with their current duties.

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| **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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**If you are applying for the title of Honorary Reader or Honorary Professor, please provide contact details of five external assessors that you have not collaborated with e.g. published, grants written, etc to provide an external review of your application to confirm suitability for the title.**

**Part 6 – Confirmation of BSMS Head of Department** (for completion by relevant BSMS Head of Department)

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

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