|  |  |
| --- | --- |
|  | **PROMOTION TOSenior Lecturer / Associate Professor / ProfessorDECLARATION and NOMINATION FORM** |

|  |
| --- |
| **DECLARATION****To be completed by the Applicant** |
| **APPLICATION FOR PROMOTION TO (please tick one)** |
|  **SENIOR LECTURER**  | **ASSOCIATE PROFESSOR**  | **PROFESSOR**  |
| **NAME OF APPLICANT:** |  |
| **School or other Academic Unit:** |  |
| 1. **I confirm that the information contained in my application is factually accurate.**
2. **I confirm that my application has been discussed with the person responsible for my performance management.**
 |
| **SIGNED:** |  |
| **DATE:** |  |

|  |
| --- |
| **NOMINATION****To be completed by the nominator(Director Schools and Performance or Head of School)** |
| **I support the application for promotion of this applicant****I support the application for promotion of this applicant with reservations****I do not support the application for promotion of this applicant****Please explain your support choice:** |
| **SIGNED:** |  |
| **NAME:** |  |
| **DESIGNATION:** | **DATE:** |

**For the applicant: please save the completed form as a PDF and upload it to your portfolio.**