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|  | **PROMOTION TO Senior Lecturer / Associate Professor / Professor DECLARATION and NOMINATION FORM** |

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| **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:** |  | |

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| **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.**