**Departmental Form**

***The Department completes all sections of this form*** and sends it to the Learning & Teaching Promotions team ***by e-mail:*** [learning-and-teaching-promotion@imperial.ac.uk](mailto:learning-and-teaching-promotion@imperial.ac.uk).

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| Section 1: Details of Application | | | | |
| **Title and Full Name of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
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| **Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
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| **Title of Current Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
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| **Level of promotion being applied for:** | | | | |
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| Teaching Fellow  (Level 3b) | Senior Teaching Fellow  (Level 4) | | Principal Teaching Fellow  (Level 5) | |
|  |  | |  | |
| Principal Lecturer  (Level 6) | Professor of Teaching in X (Level 7) | |  | |
| **Please indicate if:** | | | | |
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| This application is supported by the Department | | | | |
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| This is a personal application **not** supported by the Department | | | | |
| If the application is not supported, the Head of Department will provide a brief statement explaining the Departmental Review Panel’s reasons for this decision. This should be **in addition to** the usual citation. | | | | |
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| **Funding:** | | | | |
|  | | | | |
| Is the candidate’s post funded from the Department’s recurring budget: Yes  No | | | | |
| If no, please give name of funding body and account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
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| **The candidate is a:** | | Imperial Employee | |  |
|  | |  | |  |
| **For Faculty of Medicine candidates:** | | | | |
| **Applicant’s current post is:** | | Clinical | |  |
|  | | Non-clinical | |  |
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| **The Head of Department confirms:**   1. I confirm that this application was considered at a Departmental meeting in line with Imperial procedures for the level of promotion sought (see Section x of the Guidance Notes). 2. I have reviewed the performance of the Candidate against Imperial Values and Behaviours Framework and concur with the statement included in the Application for Promotion prepared by the Candidate. I have further considered the impact of such contributions on the workload of the Candidate[[1]](#footnote-2). 3. I have considered the impact of COVID-19 on the work of the Candidate and reported relevant findings in my citation.   Signed & Printed (Head of Department)………………………………………………… Date……………………….. | | | | |
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| **Section 2: Review Panel Composition**  Please provide the names of those who sat on the Departmental Review Panel. Refer to the Guidance Notes regarding the required Departmental Review Panel Composition. If in doubt, contact the Vice-Provost (Education and Student Experience) for advice.  **Review Panel Members’ Titles and Full Names:** |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |
| 7. |
| 8. |
| 9. |

Please add additional rows as required. This form continues on the next page.

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| Section 3: Departmental Referees |
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| To be completed by the Head of Department. **Please see the Guidance Notes for the number required for each level.** |
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| The status of referees must be appropriate to the promotion sought and should reflect national and international recognition for more senior positions. Imperial values diversity where possible.  Referees, both personal and departmental, should be chosen from Academic or Teaching staff of appropriate seniority, who are not currently at Imperial and who have not been closely associated with the candidate in the last five years. Examples of close association include joint publications or shared projects. The faculty-based referee selection panels will reject inappropriate recommendations. If in doubt, please seek advice from the (Pro-) Consuls or Vice Deans (Education) prior to submission, as seeking replacements can cause delays.    The Departmental Review Panel recommends that the following referees be approached. |
| 1. Name:   Address:  Email:  Appointment/Status (e.g. Full Professor):  The referee has been contacted  and accepted the nomination .   1. Name:   Address:  Email:  Appointment/Status (e.g. Full Professor):  The referee has been contacted  and accepted the nomination .   1. Name:   Address:  Email:  Appointment/Status (e.g. Full Professor):  The referee has been contacted  and accepted the nomination .   1. Name:   Address:  Email:  Appointment/Status (e.g. Full Professor):  The referee has been contacted  and accepted the nomination .   1. Name:   Address:  Email:  Appointment/Status (e.g. Full Professor):  The referee has been contacted  and accepted the nomination .  Signed (Head of Department)………………………………………………… Date……………………….. |
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1. [↑](#footnote-ref-2)