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**UNIVERSITY OF GALWAY**

**CONFIDENTIAL**

**ACADEMIC PROMOTIONS SCHEME**

**Office of the Deputy President and Registrar**

Dear Head of School

The attached form should be completed for each member of staff in your School who is applying for the post of Senior Lecturer/Associate Professor, Professor in or Established Professor. A copy of her/his ***final*** application should be made available to you by the applicant.

Please complete the attached Head of School form, commenting on the candidate’s suitability for promotion.

You should ensure that the Executive Dean is content to co-sign this form. It will be shared with the applicant, who will have the opportunity to comment.

Yours sincerely

Deputy-President and Registrar

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**Name of Applicant:**

**CONFIDENTIAL**

**UNIVERSITY OF GALWAY**

**ACADEMIC PROMOTIONS SCHEME**

**HEAD OF SCHOOL FORM**

NOTE: Documented norms exist for Teaching, Research and Contribution in all Schools. These should provide a baseline reference point for completing the form below.

**1. Learning, Teaching and Assessment (LTA)**

**1.1** Please provide the workload norms for Learning, Teaching and Contribution in your School?

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| --- |
| LTA Workload Norms: |

**1.2** With regard to the relevant sections of the candidate’s application form, please comment on the

 following:

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning, Teaching, Assessment** | **Yes** | **No** | **Comment** |
| Is the information in the application accurate? |  |  | Please comment only where reply is No. |
| Does the candidate meet or exceed School norms for LTA? |  |  | Please provide a comment. |

**2. Research and Scholarly Standing (RSS)**

**2.1** Please provide the workload norms for Research and Scholarly Standing in your School, as they apply to the contract type that the applicant holds:

|  |
| --- |
| RSS Workload Norms: |

**2.2** With regard to the relevant sections of the candidate’s application form, please comment on the

 following:

|  |  |  |  |
| --- | --- | --- | --- |
| **Research and Scholarly Standing** | **Yes** | **No** | **Comment** |
| Is the information in the application accurate? |  |  | Please comment only where reply is No. |
| Does the candidate meet or exceed School norms for RSS? |  |  | Please provide a comment. |

**3. Contribution to School, University and Community**

**3.1** Please provide the workload norms for Contribution to School, University and Community in your School?

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| Contribution Workload Norms: |

**3.2** With regard to the relevant sections of the candidate’s application form, please comment on the

 following:

|  |  |  |  |
| --- | --- | --- | --- |
| **Contribution** | **Yes** | **No** | **Comment** |
| Is the information in the application accurate? |  |  | Please comment only where reply is No. |
| Does the candidate meet or exceed School norms for Contribution? |  |  | Please provide a comment. |

**4. Particular circumstances/ availability or resources**

Please indicate any particular circumstances in relation to availability/non-availability of opportunities and resources to the applicant which should be known to the Board.

**STRICT Word Limit of 300 words applies:**

**5. Please indicate ways in which the applicant has shown unusual initiative, leadership and teamwork?**

**STRICT Word Limit of 300 words applies:**

**6. Performance for Growth**

|  |  |  |
| --- | --- | --- |
| Please confirm that the candidate is up to date with their PfG review. Please √ Yes or No box as appropriate. | **Yes**  | **No** |

**7. Recommendation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Recommendation** | **Yes** | **No** | **Comment****Note a comment must be provided.** |
| Do you recommend this candidate for promotion? |  |  |  |

**Head of School Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Executive Dean Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I confirm that I have provided the applicant with a copy of this report:

|  |  |  |
| --- | --- | --- |
| **Head of School Name (Print):** | **Signature:** | **Tick Yes to confirm:** |
|  |  |  |

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**FOR THE APPLICANT**

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| --- | --- |
| **Applicant Name:** |  |

The applicant has a right to comment on any of the above in the box below:

**STRICT Word Limit of 300 words applies:**