**Honorary, Visiting and Adjunct Academic Appointments**

***Nomination Form (and renewals)***

**Section 1 Category of Appointment**

Please indicate which of the following categories you wish to make a nomination/renewal under:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APC and Executive Dean’s****[[1]](#footnote-2)**  **Approval Required** |  |  | **Executive Dean’s1 Approval Only Required** |  |
| Honorary Professor |  |  | Honorary Research Senior Lecturer/Lecturer |  |
| Visiting Professor |  |  | Visiting Lecturer/Senior Lecturer |  |
| Adjunct Professor |  |  | Adjunct Lecturer |  |
|  |  |  | Honorary Clinical Fellow (CMNHS) |  |

**Section 2 Proposer, Proposed and Rationale**

|  |  |  |
| --- | --- | --- |
| ***College:*** |  | |
| ***School/Unit:*** |  | |
| ***Name of Proposer:*** |  | |
| ***Email and Phone No:*** |  |  |
| ***Name of Nominee:*** |  | |
| ***Current Position:*** |  | |
| ***Email and Phone No:*** |  |  |

**For a new nomination:**  Please provide the Strategic rationale for the appointment.   
 *(See scheme criteria)*

**For a renewal nomination:** A request for a renewal nomination should provide evidence of achievements by the nominee for the duration of their original appointment. In particular, the nominee’s contribution to the strategic goals of the University, College, School or Research Institute. *(See scheme criteria)*

**Section 3 Details of Appointment**

1. Is the nomination aligned to the Strategic Plans of the School or Research Institute and College?

Yes No

1. If an adjunct appointment, will this be a paid position?

Yes No

1. If paid, please confirm:

|  |  |  |  |
| --- | --- | --- | --- |
| FTE Equivalent: |  |  |  |
| Budget Source: |  |  |  |
| Amount to be paid: |  |  |  |
| Any other costs: |  |  |  |

1. If paid, please confirm that HR has been consulted on **a)** recruitment to the post and **b)** adherence to public policy in respect of public sector employees:

Yes No

1. Please confirm the term of the appointment (start and end date):

|  |  |  |  |
| --- | --- | --- | --- |
| **Start Date:** |  | **End Date:** |  |
|  |  |  |  |

1. Has a short (2-page) CV for the nominee has been included with this application?   
   For a renewal nomination, please include an up-dated CV.

Yes No

1. Any other information in relation to this nomination, please detail below.

**Section 4 Gender Monitoring**

The Executive Dean should forward all supported nominations to the Academic Promotions Committee at: [academicpromotions@universityofgalway.ie](mailto:academicpromotions@universityofgalway.ie)

The College must include the data (gender breakdown) on the current overall honorary appointments for the College and relevant School with the nomination form.

Please confirm data included:

All Colleges and Schools should be aiming to meet the University's gender balance policies.

Proposed lists of honorary nominees must reflect gender balance principles and must, where current imbalances exist, aim to address this.

**Section 5 Approvals**

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposer**

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Head of School**

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Executive Dean1**

1. **Where a proposal is received from the School of Medicine under the Academic Clinicians Advancement Programme, the Head of the School of Medicine will carry out the functions of the Executive Dean.** [↑](#footnote-ref-2)