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| Guidance notes |
| 1. To apply for Progression from Lecturer (Below Bar) to Lecturer (Above Bar) this form must be completed in full.
2. In completing this form, applicants should refer to the Procedure for Progression from Lecturer (below bar) to Lecturer (above bar) (UMT/25.07.23)
3. Calibri Font, Font size 11 should be used throughout this form
4. A copy of your complete Curriculum Vitae and a cover letter should be attached to the form. The attached CV should provide full details of your duties, experience and outputs in the areas of:
* Learning, Teaching and Assessment
* Research and Scholarly Standing
* Contribution to School, University and Community
1. The completed application form together with attached CV and cover letter should be submitted ELECTRONICALLY AS A SINGLE PDF to the HR office at the following email address: academicprogressionapplications@universityofgalway.ie
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| Name and contact details |
| Title |  |
| First name |  |
| Surname |  |
| College |  |
| School |  |
| Staff number |  |
| Email address |  |
| Date of appointment to University of Galway as Lecturer Below the Bar |  |
| Contract Type (A or B) |  |
| Date of successfully completed probation |  |
| Full-Time Equivalent (FTE) |  |

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| Degrees and Professional Qualifications (add more rows as necessary) |
| Institution | **Degree/Diploma/Qualification** | **Year of Award** |
|  |  |  |
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| Employment history and previous posts held (add more rows as necessary) |
| Name of Employer | **Position held** | **Start date** | **End date** |
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| OptionalPlease provide details of any documented leave to date, including part-time arrangements, maternity, adoptive, parental, sick leave, disability-related sick leave, carer’s leave and unpaid leave of absence connected with caring during your academic career (add more rows, if required)  |

**Please complete the following table setting out the number of Maternity/Adoptive Leaves taken.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Leave Category** | **Yr 1 22/23** | **Yr 2 21/22** | **Yr 3****20/21** | **Yr 4****19/20** | **Yr 5****18/19** | **Yr 6****17/18** | **Yr 7****16/17** | **Yr 8****15/16** | **Yr 9****14/15** | **Yr 10****13/14** | **Before 13/14** | **Total no. of leaves** |
| Maternity/Adoptive leave |   |   |   |   |   |   |   |   |   |   |   |   |

**Please complete the following table setting out the number of weeks taken as leave relevant to each category in each academic year.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Leave Category** | **Yr 1 22/23** | **Yr 2****21/22** | **Yr 3****20/21** | **Yr 4****19/20** | **Yr 5****18/19** | **Yr 6****17/18** | **Yr 7****16/17** | **Yr 8****15/16** | **Yr 9****14/15** | **Yr 10****13/14** | **Before 13/14** | **Total no. of weeks** |
| Parental leave |   |   |   |   |   |   |   |   |   |   |   |   |
| Sick leave |   |   |   |   |   |   |   |   |   |   |   |   |
| Disability-related sick leave |   |   |   |   |   |   |   |   |   |   |   |   |
| Carer’s leave |   |   |   |   |   |   |   |   |   |   |   |   |
| Unpaid leave of absence connected with caring |   |   |   |   |   |   |   |   |   |   |   |   |
| Part-time working |   |   |   |   |   |   |   |   |   |   |   |   |
| **Total** |   |   |   |   |   |   |   |   |   |   |   |   |

**Please indicate any other periods of unpaid leave from an academic or research post, during which you were not working in another academic or research environment.**

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| **Leave Category** | **Yr 1 22/23** | **Yr 2****21/22** | **Yr 3****20/21** | **Yr 4 19/20** | **Yr 5****18/19** | **Yr 6****17/18** | **Yr 7****16/17** | **Yr 8****15/16** | **Yr 9****14/15** | **Yr 910****13/14** | **Before 13/14** | **Total no. of weeks** |
| Other periods of unpaid leave from an academic or research post, during which you were not working in another academic or research environment |   |   |   |   |   |   |   |   |   |   |   |   |

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| Details of referees (applicants must provide the names of 3-5 referees to include AT LEAST two internal and one external referee |
| *Referee 1 (internal)* |
| Name |  |
| Work address |  |
| Telephone |  |
| Email  |  |
| Relationship to you |  |
| *Referee 2 (internal)* |
| Name |  |
| Work address |  |
| Telephone |  |
| Email  |  |
| Relationship to you |  |
| *Referee 3 (external)* |
| Name |  |
| Work address |  |
| Telephone |  |
| Email  |  |
| Relationship to you |  |
| *Referee 4 (optional)* |
| Name |  |
| Work address |  |
| Telephone |  |
| Email  |  |
| Relationship to you |  |
| *Referee 5 (optional)* |
| Name |  |
| Work address |  |
| Telephone |  |
| Email  |  |
| Relationship to you |  |

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| Applicant declaration |
| Applicant signature |  |
| Date |  |