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| **SENIOR LECTURER PROMOTION APPLICATION - FEEDBACK FORM** |

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| **Applicant’s Name:** |  | |
| **School / College:** |  | |
| **Contractual working hours/FTE (if less than full time)** |  | |
| **Has the candidate met the minimum teaching qualification required for their contract type?** | Yes No  Teaching and Research Contract pathway (PGCertTHE /HEA Fellow or equivalent)  Teaching and Scholarship contract pathway (Senior HEA Fellow or equivalent) | |
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| **RESEARCH** | | |
| **CRITERIA** | **STRENGTHS DEMONSTRATED IN APPLICATION** | **AREAS LACKING EVIDENCE IN APPLICATION** |
| 1. **Record of regular and continuing publication of research in quality publications** |  |  |
| 1. **Evidence of contribution at an appropriate level in the subject area, membership of professional bodies and/or external esteem** |  |  |
| 1. **Evidence of research leadership and supervision** |  |  |
| 1. **Success in securing external funding, as appropriate to the subject area** |  |  |
| **TEACHING AND LEARNING** | | |
| **CRITERIA** | **STRENGTHS DEMONSTRATED IN APPLICATION** | **AREAS LACKING EVIDENCE IN APPLICATION** |
| 1. **Evidence of teaching innovation and course development, course design and administration at both under-graduate and post-graduate levels** |  |  |
| 1. **Evidence of significant contributions to the pedagogy of the subject area/professional practice** |  |  |
| 1. **Scholarship related to learning and teaching** |  |  |
| 1. **Evidence of high-quality teaching** |  |  |
| **WIDER CONTRIBUTION** | | |
| **CRITERIA** | **STRENGTHS DEMONSTRATED IN APPLICATION** | **AREAS LACKING EVIDENCE IN APPLICATION** |
| 1. **Contribution to University management and administration** |  |  |
| 1. **Enhancing the University’s Profile** |  |  |
| **ANY ADDITIONAL COMMENTS/INDIVIDUAL CIRCUMSTANCES** | | |
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| **HEAD OF SCHOOL/DEAN OF COLLEGE SUGGESTED REFEREES FOR INDEPENDENT ASSESSMENT** |

**REFEREE 1:**

Name:

Position Held:

E-mail address:

**REFEREE 2:**

Name:

Position Held:

E-mail address:

**REFEREE 3:**

Name:

Position Held:

E-mail address:

**REFEREE 4:**

Name:

Position Held:

E-mail address:

**HEAD OF SCHOOL SIGNATURE** **DATE:**

**DEAN OF COLLEGE SIGNATURE** **DATE:**

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| **TO BE COMPLETED BY ACADEMIC PROMOTIONS VERIFICATION PANEL - COMMENTS FOR FEEDBACK** | |
| **RESEARCH** |  |
| **TEACHING & LEARNING** |  |
| **WIDER CONTRIBUTION** |  |