Recommendation for Award of the Title of Recognised Lecturer

# **1.** Introduction

1.1 Please read in conjunction with the background document to Recognised Lecturers, available at [the Collaborative Provision's Forms and Guidance webpage.](https://intranet.birmingham.ac.uk/as/registry/policy/collaborative/formsandguidance.aspx)

1.2 This form should be completed by the nominee (Sections A and B), for consideration by the Head of the collaborative organisation (Section C) and then returned to: Collaborative Provision, Registry, Academic Services, University of Birmingham, Edgbaston, Birmingham B15 2TT. The form will then be sent to the Collaborative Provision Officer (if applicable) and the Head of School for signing.

1.3 *Note:* **Please complete all sections in order to prevent delay to processing your application.**

1.4 Please be aware that the information that you share will be processed by the Collaborative Provision Team, within Registry. Your data is being collected in order to maintain accurate and up-to-date employment/engagement records and contact details. To find out how we will use any personal data you share with us, please read our [privacy statements](https://www.birmingham.ac.uk/privacy/staff.aspx).

# Section A

|  |  |
| --- | --- |
| Collaborative Organisation |  |
| Programme(s) |  |

|  |  |
| --- | --- |
| Title | Dr/Mr/Mrs/Miss/Ms/Other: *please indicate as appropriate* |
| Forenames |  |
| Surname |  |

|  |  |
| --- | --- |
| Email Address |  |

|  |  |
| --- | --- |
| Present Appointment and Employer |  |
| Date of Appointment |  |

|  |  |  |
| --- | --- | --- |
| Previous Appointments  (Please list in chronological order, starting with the most recent) | | |
| *Name of Employer* | *Position* | *Dates* |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Membership of Professional Bodies *(If none, write “None”)* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Qualifications e.g., Degrees, Diplomas, Certificates, excluding teaching qualifications (see next section) | | | |
| Qualification and Subject | Awarding Body | Date of Award | *Classification, if appropriate* |
|  |  |  |  |
|  |  |  |  |
| **If not in possession of a degree, but have professional qualifications and/or substantial relevant (e.g. industrial) experience shown to be equivalent to a first degree, please cite additional evidence/provide a narrative as to why the award should be made. (*Required*)** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Teaching Qualifications | | | |
| Qualification and Subject | Awarding Body | Date of Award | *Classification (if appropriate)* |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Teaching Experience  (Please list in chronological order, starting with the most recent) | | |
| *Institution* | *Position and Subjects Taught* | *Dates* |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Any Other Relevant Experience, i.e., Industrial, Practical, Professional Practice, Consultancy, Quality Assurance Training.  (Please list in chronological order, starting with the most recent)  (If none, write “None”) | | |
| *Activity* | *Where undertaken* | *Dates* |
|  |  |  |
|  |  |  |

|  |
| --- |
| Publications  (Please use a separate sheet if necessary.) |
|  |
| **If none, but have relevant academic qualifications and substantial relevant professional and other experience related to the academic discipline, please cite additional evidence/provide a narrative as to why the award should be made *(Required)*** |

|  |
| --- |
| Current and Previous Research  (Please indicate whether the work was part of a submission for a degree or whether it has been published and if so, by whom and the date of publication.)  (Please use a separate sheet if necessary.) |
| **If none, but have relevant academic qualifications and substantial relevant professional and other experience related to the academic discipline, please cite additional evidence/provide a narrative as to why the award should be made *(Required)*** |

|  |  |  |
| --- | --- | --- |
| External Examinership(s)/Verification  (Please list in chronological order, starting with the most recent)  (If none, write “None”) | | |
| *External Examinership/Verification* | *Where undertaken* | *Dates* |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Details of Proposed Teaching/Examining Duties on the Validated/Accredited Programme(s) *(****Required****)*  **This section must be completed.** | |
| Qualification and title of programme *(e.g., MSc in Trauma Sciences)* |  |
| Title of module(s) *(e.g., Chemical* *Engineering with Foundation Year)* |  |
| Indicate proportion of teaching and/or examining that you will undertake and in which year *(e.g., 50% of two modules in year 2)* |  |

# Section B

|  |  |
| --- | --- |
| I, the nominee, confirm that the University of Birmingham may hold this information and share any relevant information as necessary for the fulfilment and implementation of the agreement between the University of Birmingham and [insert collaborative organisation] for the duration of the current legal agreement, or any subsequent extension thereof. | |
| Signed | Date |
| I would like to request Electronic Access to UoB resources.  (Please note that this will only be granted once Recognised Lecturer status has been approved by UoB and will be valid for the duration of the current legal agreement, or any subsequent extension thereof.) | |
| Signed | Date |

# Approval Process

# Section C

|  |
| --- |
| Approved and signed on behalf of the Collaborative Organisation: |
| Name (Block Capitals):  Role:  Email address:  Signature:  Date: |

**Please return to Collaborative Provision, Registry, University of Birmingham, Edgbaston, Birmingham B15 2TT**

# Section D

|  |
| --- |
| Approved and signed by the Collaborative Programmes Officer for validated programmes or the Programme Director for all other collaborative programmes: |
| Name (Block Capitals):  Signature:  Date: |

|  |
| --- |
| Where additional evidence has been submitted in Section A, the School should review the evidence and provide a statement for supporting the award. |

|  |
| --- |
| Approved and signed by the Head of School: |
| Name (Block Capitals):  Signature:  Date: |