

**UNIVERSITY OF TASMANIA
TASMANIAN SCHOOL OF MEDICINE**

**APPLICATION DETAILS FOR
NEW CLINICAL ACADEMIC APPOINTMENT**

(Please Note: Applications cannot be processed unless a recent CV and date of birth are provided.)

Applicants Name (in full):

Discipline:

Postal Address:

.....

Email Address

Contact Phone No

Date of Birth

Academic qualifications and year awarded:

.....
.....
.....

Registration Conditions / Restrictions (if applicable):

.....

Current appointment(s) in affiliated hospitals etc including duration of appointment (if applicable)

.....

Location of clinical academic appointment (please tick one):

Launceston Clinical School Hobart Clinical School Rural Clinical School

Please note that applications for Clinical Associate Professor and Clinical Professor will need to address certain guidelines and criteria which can be viewed at <http://www.medicine.utas.edu.au/caa/index.html>

Detailed statement of involvement in teaching activities of the School *

**Attach separate sheet if necessary. Please specify the unit title, type and number of teaching session(s).*

Other relevant teaching

Please indicate any organization/administration work you do in connection with the work of the School.

Statement of academic accomplishments in research

Publications:

No. of publications in international refereed journals

Date of most recent publication

Other publications (book chapters, abstracts, etc.)

Date of most recent publication

I am prepared to accept the responsibilities of the clinical academic post:

Date:..... Signature of applicant:

(To be completed by Head of Discipline or Clinical School)

**UNIVERSITY OF TASMANIA
TASMANIAN SCHOOL OF MEDICINE**

**APPLICATION FORM FOR
CLINICAL ACADEMIC APPOINTMENTS**

Applicants Name:

Proposed appointment (please tick):

Clinical Teacher

Clinical Lecturer

Clinical Senior Lecturer

Clinical Associate Professor

Clinical Professor

Clinical Associate Professor and Clinical Professor appointments are recommended through the School of Medicine Executive for assessment by the University Clinical Academic Committee. The guidelines and criteria for these roles can be viewed at the following web page:- <http://www.medicine.utas.edu.au/caa/index.html>

Proposed appointment commencement and end dates:

.....

(Clinical academic appointment will be for a term of 3 years unless otherwise specified).

Detailed statement of proposed involvement in teaching activities of the School for the period of the appointment
Please specify the unit title, type and number of teaching sessions. The agreed minimum number of teaching hours for the term of the appointment must also be stated.

Indication of organization/administration work required in connection with the work of the School.

Statement on research involvement connected to the School

Assessment of the candidate's standing and contribution to the profession

Please detail the proposed responsibilities of the clinical appointment

This appointment has been considered and is supported within the Discipline/Department/School:

Signature of Discipline / Clinical School head (as applicable)

..... Date:

Signature of Associate Head of Medical Sciences or Clinical Sciences (as applicable)

..... Date:

Date considered by the School Executive Committee:

Signature of Head of School.....

Date:

Signature of Dean of Faculty.....

Date:

Office use only

Applicant notified of outcome

Date: