

**UNIVERSITY OF TASMANIA
TASMANIAN SCHOOL OF MEDICINE**

**APPLICATION FORM FOR THE RENEWAL OF A
CLINICAL ACADEMIC APPOINTMENT**

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

Applicants Name:

Discipline:

Postal Address:

Previous postal address (please complete if your address has changed since your initial appointment)
.....

Email Address

Contact Phone No

Date of birth

(Please complete information is used by Human Resources for identification purposes only)

Level of previous appointment
(ie Clinical Lecturer)

Term of previous appointment:

Academic qualifications and year awarded (if not included in CV)
.....
.....

Registration conditions / Restrictions (if applicable)
.....

Current appointment(s) (if applicable)
.....

Location of clinical academic appointment (please tick one):

Launceston Clinical School Hobart Clinical School Rural Clinical School

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 current 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 currently being undertaken

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

Statement of academic accomplishments in research since previous appointment

Publications:

No. of publications in international refereed journals

Date of most recent publication

Other publications (book chapters, abstracts, etc.)

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

Signature of applicant: Date:

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

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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 current and proposed involvement in teaching activities of the School.

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 current and proposed 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 application for renewal of appointment has been considered and is supported within the Discipline or 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:*