**Faculty of Health and Life Sciences**

**Clinical Lecturer Honorary Appointment Application Form**

Please submit your application and appended documents to hlsclinicalhonorary@liverpool.ac.uk

Title holders will be entitled to refer to themselves as Honorary Clinical Lecturer of the University of Liverpool. It must be made clear in their title designation that they hold an Honorary position.

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| **A) APPLICATION FOR CLINICAL LECTURER** |
| **Length of Tenure**\*Up to three years | **From** | **To\*** |
| **Application** | **New** **Renewal**  |
| **Previous University of Liverpool Honorary or Staff Number** |  |
| **Relevant Institute Application Applies To** (one choice must be selected from the list)[**https://www.liverpool.ac.uk/health-and-life-sciences/research/**](https://www.liverpool.ac.uk/health-and-life-sciences/research/) | Choose an item. |
| **Relevant Department Application Applies To** (one choice must be selected from the list. If the option is not available please select department not listed and provide this via email with your application). | Choose an item. |

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| **B) PERSONAL DETAILS** |
| **Title** |  |
| **First Name** |  |
| **Surname** |  |
| **Email Address** |  |
| **Telephone Number** |  |
| **Home Address** (Inc. postcode) |  |
| **Date of Birth** |  |
| **Nationality**  |  |
| **Gender** |  |
| **Substantive Job Title** |  |
| **Substantive Employer** |  |
| **Regulator** | **GMC / GDC / GNC** | **Other** |
| **Regulator Number** |  |

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| **C) PLEASE PROVIDE A PERSONAL STATEMENT: outlining how you meet the criteria for your Clinical Lecturer honorary title. Please see the guidance notes for further details.**No more than 400 words. |
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| **D) PLEASE GIVE AN OUTLINE OF YOUR EXPECTED ACTIVITY/CONTRIBUTION TO THE UNIVERSITY OF LIVERPOOL DURING THE PERIOD OF YOUR HONORARY TENURE. (Your Director of Medical Education or Sub-Dean will endorse this activity in the relevant section F below)**No more than 400 words. |
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**\*Please note**, it is the applicant’s responsibility to obtain all signatures required before submitting the form.

Signatures required for sections E and F **OR** E and G.

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| **E) SUBSTANTIVE EMPLOYER CLINICAL DIRECTOR OR EQUIVALENT**  |
| **I confirm that I am supportive of the applicant’s contribution/proposed contribution to activity undertaken at the University of Liverpool** |
| Signature |  | Print Name |  |
| Job Title |  | Date |  |

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| **F) CONFIRMATION BY DIRECTOR OF MEDICAL EDUCATION OR SUB-DEAN** |
| **I confirm that the following in relation to the applicant:**1. Is a substantive clinician at this site, registered with the appropriate clinical regulator, about whom no concerns exist in respect of revalidation, clinical activity of relationships with patients, colleagues or students;
2. S/he contributes/will contribute as outlined in section D
3. S/he regularly contributes at least 20 hours annually of UG activity for the UoL School of Medicine (or contribution to University Masters/Diploma courses)
4. S/he has actively engaged as part of the educational delivery team in the Trust
5. S/he has received satisfactory feedback on their educational performance at the Trust.
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| Signature |  | Print Name |  |
| Trust/Employer |  |
| Job Title |  | Date |  |

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| **G) CONFIRMATION BY THE UNIVERSITY OF LIVERPOOL SCHOOL OF MEDICINE YEAR/PROGRAMME DIRECTOR**  |
| **I confirm that the applicant has undertaken the outlined education activity/roles at the University of Liverpool and that this has enhanced the University’s activity** |
| Signature |  | Print Name |  |
| Job Title |  | Date |  |

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| **H) SUPPORTING DOCUMENTATION** |
| In order for The University of Liverpool to process your application, please ensure the following are appended; * CV
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| Please submit your application and appended documents to hlsclinicalhonorary@liverpool.ac.uk  |