**Faculty of Health and Life Sciences**

**Clinical Fellow 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 Fellow 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 FELLOW**  |
| **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 Fellow honorary title. Please see the guidance notes for further details.**No more than 400 words. |
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| **E) PLEASE GIVE AN OUTLINE OF YOUR EXPECTED ACTIVITY/CONTRIBUTION TO THE UNIVERSITY OF LIVERPOOL DURING THE PERIOD OF YOUR HONORARY TENURE.**No more than 400 words. |
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**\*Please note**, it is the applicant’s responsibility to obtain the University of Liverpool approval signature before submitting the form. Must be a substantive (not honorary) University of Liverpool staff member.

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| **F) UNIVERSITY OF LIVERPOOL DEPARTMENTAL APPROVAL**  |
| Head of Department or Nominee  |
| Signature |  | Print Name |  |
| Job Title |  | Date |  |

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| **G) 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 document to hlsclinicalhonorary@liverpool.ac.uk  |