**Faculty of Health and Life Sciences**

**Clinical Professor Honorary Appointment Application Form**

Please submit your application and appended documents to [hlsclinicalhonorary@liverpool.ac.uk](mailto:hlsclinicalhonorary@liverpool.ac.uk)

Honorary Clinical Professors are not established chairs or personal chairs and consequently Honorary Clinical Professors may indicate their title designation as e.g. “Professor J A Smith, Honorary Clinical Professor” but NOT “Professor J A Smith, Professor of Maternal Medicine”.

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| **A) APPLICATION FOR CLINICAL PROFESSOR** | | |
| **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** |  | |
| **Gender** |  | |
| **Nationality** |  | |
| **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 Professor honorary title. Please see the guidance notes for further details.**  No more than 1000 words. |
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| **D) PLEASE PROVIDE A PROPOSAL OF YOUR EXPECTED ACTIVITY/CONTRIBUTION TO THE UNIVERSITY OF LIVERPOOL DURING THE PERIOD OF YOUR HONORARY TENURE.**  No more than 350 words in each section. |
| **Teaching** |
| **Research** |
| **Leadership** |

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| **E) PLEASE PROVIDE CONTACT DETAILS FOR FOUR REFEREES (TWO INTERNATIONAL, TWO NATIONAL)** \*Not required for renewal applications.  ***\*References must be supplied when submitting the form or before the closing date for applications.*** | | |
| **INTERNATIONAL** | | |
| **1)** | **Name** |  |
| **Address** |  |
| **Email** |  |
| **2)** | **Name** |  |
| **Address** |  |
| **Email** |  |
| **NATIONAL** | | |
| **3)** | **Name** |  |
| **Address** |  |
| **Email** |  |
| **4)** | **Name** |  |
| **Address** |  |
| **Email** |  |

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| **F) SUPPORTING DOCUMENTATION** |
| In order for The University of Liverpool to process your application, please ensure the following are appended;   * CV * Letter of Endorsement from Substantive Employer * Letter of UoL Support |
| Please submit your application and appended documents to [hlsclinicalhonorary@liverpool.ac.uk](mailto:hlsclinicalhonorary@liverpool.ac.uk) |