**ACADEMIC PROMOTION**

**Substitute Nominated Assessor Report form**

|  |  |  |
| --- | --- | --- |
| Candidate’s Name: |  | |
| Candidate’s Current job title: |  | |
| School: |  | |
| Faculty: | Choose an item. | |
| Candidate’s Current pathway: | Choose an item. | |
| Level of promotion sought: | Choose an item. | |
| Job title sought (if promotion successful): | |  |

**NOMINATED REPORT PROVIDERS:**

**External Assessments of**: Choose an item.

|  |  |  |
| --- | --- | --- |
| External assessor:  *(Promotion and Acc Prog)* | Name |  |
| Position |  |
| email address |  |
| Telephone |  |
| Institution |  |
| **Reason for choice:** *Please give brief information about the academic standing and achievements of the assessor and rationale for nominating them:* | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| External assessor:  *(Promotion and Acc Prog)* | Name |  |
| Position |  |
| email address |  |
| Telephone |  |
| Institution |  |
| **Reason for choice:** *Please give brief information about the academic standing and achievements of the assessor and rationale for nominating them:* | | |
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| If the candidate has registered an objection to the use of a particular assessor, please provide details below (and attach copies of any relevant correspondence to this form). |
|  |

**Teaching Contribution**

|  |  |  |
| --- | --- | --- |
| Assessor:  *(Promotion cases – pathways 1&3 only)* | Name |  |
| Position |  |
| email address |  |
| Telephone |  |

**Clinical Contribution**

|  |  |  |
| --- | --- | --- |
| Assessor:  *(Promotion cases – if applicable)* | Name |  |
| Position |  |
| email address |  |
| Telephone |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Head of School Name:** |  | | |
| **Signed:** |  | **Date:** |  |
| Checking this box will be accepted instead of a signature if you are submitting this form via email | | | |

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| **PEASE FORWARD THIS FORM TO YOUR FACULTY HR ADVISER** |