**QUEEN’S UNIVERSITY BELFAST**

ACADEMIC AFFAIRS

Education Committee (Quality and Standards)

Application for Teaching/Supervisor Recognition

**Section A** To be completed by the applicant in consultation with the Line Manager\*

(Additional sheets of paper may be attached if necessary)

**Section B** To be completed by the Principal for Teaching Recognition only

(Please note applications may be returned for additional information if required)

**SECTION A**

|  |
| --- |
| 1. **DETAILS OF RECOGNITION SOUGHT:**
 |
| Date Recognition Required From: Teaching (complete sections 2, 3, 4, 5, 7 and B)ORPhD Supervision(complete sections 2, 4, 6 and 7) | …………………..[ ]  (please tick)[ ]  (please tick)  |  1sttime application for recognition  OR Renewal of Recognition    | [ ]  (please tick)[ ]  (please tick) |
| 1. **APPLICANT INFORMATION**
 |
| Title:...........................…(Prof, Dr, Mr, Mrs, Miss) | Surname:................................... | First Names: ............................................. |
| Date of Birth: ............................…………... | Email Address: ....................................................................... |
| College/Institution: ............................................................................................................................................................ |
| Position Held: ..............................................................................Date Appointed: ......................................................... |

\*This should be: Head of School/Institute Director/CEO/Principal – as appropriate to your Institution

|  |
| --- |
| 1. **PROGRAMME DETAILS**
 |
| PROGRAMME TITLE: ..........................................................................................................................................……. |
| SUBJECT: ..................................................................................................................................................................... |
|  |  |  |
| Modules: (please list all modules **including those recognition was previously granted for, if still required**) |
| Name: .......................................…………………………………….............. | Module Code: ……………………….. |
| Name: ...........................................………………………………….………... | Module Code: ……………………….. |
| Name:............................................…………………………………………… | Module Code: ……………………….. |
| Name: …………………………………………………………………………… | Module Code: ……………………….. |
| Name: ……………………………………………………………………………. | Module Code: ……………………….. |
| Name: ……………………………………………………………………………. | Module Code: ……………………….. |

1. **ACADEMIC & PROFESSIONAL EDUCATION**

(Please give exact classification of degrees where applicable)

**Qualifications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institutions Attended | Period | Full-time or part-time | Qualifications Obtained (including classification) | Main Subjects |
| …………… | ………….. | ……………… | …………………………….……….. | ………………………………… |
| …………… | ………….. | ……………… | ……………………………………… | ………………………………… |
| ….………… | ………….. | ……………… | …………………………….……….. | ………………………………… |
| ……………. | ………….. | ……………... | …………………………….……….. | ………………………………… |

1. **TEACHING EXPERIENCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution | Position Held | Subjects | Level | Period |
| …………………… | ………………… | ………………… | ………………… | …………………………….. |
| …………………… | ………………… | ………………… | ………………… | …………………………….. |
| …………………… | ………………… | ………………… | ………………… | …………………………….. |
| …………………… | ………………… | ………………… | ………………… | …………………………….. |

**6. APPLICATION FOR RECOGNITION TO SUPERVISE/EXAMINE AT MPhil/PhD LEVEL**

Applicants wishing to supervise PhD students will be considered in the context of [Section 6](https://www.qub.ac.uk/directorates/AcademicStudentAffairs/AcademicAffairs/GeneralRegulations/StudyRegulations/StudyRegulationsforResearchDegreeProgrammes/) the Study Regulations for Research Degree Programmes (where the pre-requisites for PGR supervisory teams are given)

Applications for Supervisor Recognition will only be considered following confirmation of approval to recommend from the School Research and Postgraduate Committee(SPRC) or equivalent Institutional Committee.

Please confirm Date of SPRC approval : …………………………………………………………………………………

6.1 Details of Proposed Supervision (Supervision status will be checked annually)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Supervisory Position: Principal/Second Supervisor  | Student Name | Subject Area of PhD or PhD Plan (if known) | Expected Date of Commencement | Expected Completion Date |
| ……………………….. | ………………….. | ………………………. | ……………… | ………………….. |
| ……………………….. | ………………….. | ………………………. | ……………… | ………………….. |
| ……………………….. | ………………….. | ………………………. | ……………… | ………………….. |
| ..……………………… | ………………….. | ………………………. | ……………… | ………………….. |
| ……………………….. | ………………….. | ………………………. | ……………… | ………………….. |

6.2 Details of Supervision Experience

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution | Position HeldPrincipal/Second Supervisor | Subject Area / Thesis Title | Period | Completion Date |
| …………………… | ……………………………… | ………………… | ………………….. | ………………….. |
| …………………… | ……………………………… | ………………… | ………………….. | ………………….. |
| …………………… | ……………………………… | ………………… | ………………….. | ………………….. |
| ..…………………. | ……………………………… | ………………… | ………………….. | ………………….. |
| ……………………. | ……………………………… | …………………. | ………………….. | ………………….. |

6.3 Research Activity

|  |  |  |
| --- | --- | --- |
| Institution | Positions Held with Research Responsibility | Period |
| …………………….. | ……………………………………………………….. | …………………………….. |
| …………………….. | ……………………………………………………….. | …………………………….. |
| …………………….. | ……………………………………………………….. | …………………………….. |
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| …………………….. | ……………………………………………………….. | …………………………….. |
| …………………….. | ……………………………………………………….. | …………………………….. |

6.4 Publications (Use additional sheets where necessary)

**7. EVIDENCE OF CONTINUING PROFESSIONAL DEVELOPMENT FOR APPLICANTS SEEKING RENEWAL OF RECOGNITION** (e.g. qualifications, staff development courses, relevant experience, recent publications, attendance at conferences, engagnement with learned societies, government bodies, industry etc. inc previous recognition granted)

Signed: Date:

 …………….………………………… (Applicant)

Signed: Date:

 ……………………………………… (Line Manager)

**QUEEN’S UNIVERSITY BELFAST**

ACADEMIC AFFAIRS

COLLABORATIVE PROVISION GROUP

**SECTION B**

PRINCIPAL/DIRECTOR’S REPORT

Name of Applicant:............................................................................

Institution:.............................................................................

Programme and Module Subject ............................................................................

EITHER: 1sttime application for recognition (please tick)

 OR Renewal of Recognition (please tick)

**TO BE COMPLETED FOR ALL APPLICANTS**

1) Please explain why the application is appropriate and why it should be supported.

**TO BE COMPLETED FOR APPLICANTS SEEKING RENEWAL OF RECOGNITION ONLY**

2) Please comment on the applicant’s performance in teaching and on his/her standing in the subject.

3) Please outline any developments which have taken place since recognition was last granted in relation to the continuing professional development of the applicant.

4) Other comments:

Name of Principal/Director: .......................................... Institution: .........................

**(BLOCK CAPITALS)**

Signed: .......................................................................... Date: .................................

Please return this form to: The Secretary of the Collaborative Provision Group, Queen’s University Belfast, Academic Affairs, Level 6, Administration Building, University Road, Belfast, BT7 1NN