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| FIRST TIME APPLICATIONThis form should be used by first time applicants to the *UCD Medicine Clinical Pathway*. **Applicants are not required to propose an academic rank.** This will be determined by the Review Panel. Please complete this form fully to ensure that the Review Panel has all relevant information. Detailed curricula vitae, testimonies or personal references are not required and will not be considered.***Please submit completed application form by email to*** ***Clinicalpathway@ucd.ie****. Please do not convert to a pdf format.* |
| PERSONAL & CONTACT DETAILS |
| **Name:** | **Click here to enter text.** |
| **Current Position:** | Click here to enter text. |
| **Institution:** | Click here to enter text. |
| **Home Address:** | Click here to enter text. |
| **UCD Address:\*** | Click here to enter text. | **UCD Personnel No.\*** | Click here to enter text. |
| **Telephone:** | Click here to enter text. | **PPS No.:** | Click here to enter text. |
| **E-mail:** | Click here to enter text. |  | \* *if applicable* |

### About the UCD Medicine Clinical Pathway

The *UCD Medicine Clinical Pathway* is designed to recognise clinicians who make a significant contribution to the School through teaching, research or clinical leadership. Appointees are adjunct academic staff not normally employed by University College Dublin. They will ordinarily be employed within the healthcare system as a hospital consultant, general medical practitioner, radiographer or paramedic or will have recently retired from such employment. Most applicants do not have any protected academic time and carry significant clinical responsibilities.

The *UCD Medicine Clinical Pathway* operates as a formal University adjunct appointment (clinical pathway appointments). Appointments are made typically at the first rank with progression to higher ranks possible based on sustained contributions.

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| ***Rank*** | ***Full Title*** | ***Pre-Nominal Title*** |
| 1 | UCD Assistant Clinical Professor (or UCD Clinical Lecturer) | **Dr** Joseph Bloggs |
| 2 | UCD Associate Clinical Professor | **Assoc. Prof** Josephine Bloggs |
| 3 | UCD Clinical Professor | **Prof** James Doe |
| 4 | UCD Full Clinical Professor | **Prof** Jane Doe |

Appointments made under the *Dublin Academic Medical Centre* agreement (DAMC appointments) integrate within this scheme. Hence, if you have recently received a DAMC appointment, it is not necessary to make a first time application. However, the *UCD Medicine Clinical Pathway Promotions* scheme is available to you.

The *UCD Medicine Clinical Pathway* offers an opportunity for progression to higher academic ranks based on contributions to the University. Such applications are assessed based on contributions to Research, Teaching and Clinical Leadership. Appointments within the *UCD Medicine Clinical Pathway* are assessed on continued contribution to our academic programmes. They are not intended to designate clinical seniority or authority.

Separate adjunct appointment routes exist for non-clinical staff (University adjunct appointments) and for clinical and non-clinical staff who hold substantive academic appointments at other Universities (visiting academic appointment).

There have been over 2,000 applications for adjunct appointment or promotion and there are over 1,000 active adjunct appointments within the School since the introduction of the scheme in 2007/2008.

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| APPLICANT CREDENTIALS |
| **Name:** | **Click here to enter text.** |
| **Current Position:** | Click here to enter text. |
| **Current Institution:** |  |

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| **ACADEMIC & PROFESSIONAL QUALIFICATIONS**  |
| **Dates** | **Qualification** | **Awarding Institution** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| **EMPLOYMENT SUMMARY** |
| **Dates** | **Position Title** | **Employer** |
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| **HONOURS & AWARDS** |
| **Dates** | **Award** | **Awarding Institution** |
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| **1. RESEARCH SCHOLARSHIP & INNOVATION***Candidates will be assessed on the extent of national and international recognition as a leading clinical researcher and scholar.****Please note that Reviewers are interest in how you contribute or could contribute to UCD Medicine Research*** |

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| **Research Interests** (*Briefly list key research interests clearly distinguishing current research from previous activity)* |
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## Current Research Contributions

*Briefly describe how you contribute to the School’s research profile and the University's reputation. If you aren’t currently research active, proceed to Section 2.*

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| **Current Research Team** (*Enter numbers not individual names)*  | **Supervisory Experience** (*Enter numbers not individual names)*  |
| **Level** | **Full-Time** | **Part-Time** | **Level** | **Ongoing** | **Completed** |
| MSc Students |  |       | MSc Students |  |  |
| MD Students |  |  | MD Students |  |  |
| PhD Students |  |  | PhD Students |  |  |
| Post-Doctoral Fellow |  |  | Post-Doctoral Fellow |  |  |
| Other (*Specify)* |  |  | Other (*Specify)* |  |  |
| **Total** |  |  | **Total** |  |  |

*Insert additional rows as necessary*

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| **Research Grants & Awards – Current Funding***(If award was part of a collaboration, please indicate your relative contribution here\*)*  |
| **Date / Time Period** | **Amount (€)** | **Funding Agency** | **%Contribution\*** | **UCD R-Account Ref.** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |       |       |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |       |       |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |       |       |
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*Insert additional rows as necessary*

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| **Research Grants & Awards – Recent Funding (5-10 years)***(If award was part of a collaboration, please indicate your relative contribution here \*)*  |
| **Date / Time Period** | **Amount (€)** | **Funding Agency** | **%Contribution\*** | **UCD R-Account Ref.** |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. |       |       |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. |       |       |

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| **Publication Record – Summary**  |
| **Time Period** | **Total No. of Publications** | **No. of Peer-Reviewed Publications** |
| 2020 – 2024 |       |       |
| 2015 – 2019 |       |       |
| Before 2015 |       |       |
| H Index (*if known)* | Click here to enter text. | as reported by: | Click here to enter text. |

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| **Five Most Recent Publications** *(Please provide full publication details including PMID if possible)* | **PMID** |
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| **Five Most Significant Other Publications** *(Please provide full publication details including PMID if possible)* | **PMID** |
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| **Other Research Outputs** (*Briefly list other research outputs arising from your research e.g. patents, major licensing arrangements, NewCo., etc.)* |
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| **Other Research Comments** (*Use this space if none of the above fully describes your research activity.)* |
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| 2**. TEACHING, LEARNING & ASSESSMENT***Candidates will be expected to contribute to UCD teaching, learning and assessment of undergraduate, postgraduate and CPD students. They will be expected to have shown sustained, high quality contribution to medical education and/or pedagogic research within area of clinical specialty.* |

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| **UCD Teaching Experience** *(Briefly describe your contribution to teaching and clinical training within UCD undergraduate and postgraduate programmes.)* |
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| **UCD Examiner Experience** *(Briefly describe your contribution to examinations and assessments within UCD educational programmes.)* |
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| **Other Teaching Experience** *(Briefly describe your contribution to teaching or assessment within programmes delivered by institutions other than UCD.)* |
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| **Teaching Awards & Recognition** *(Evidence of your performance as a teacher through awards and/or peer review recognition of teaching excellence.)* |
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| **Educational Leadership** *(Briefly describe your role in the development of new programmes, improvement in existing programmes, and authoring of textbooks, computer-based or other education resources.)* |
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| **3. CLINICAL LEADERSHIP***Candidates will be assessed on their contribution to their clinical specialty, their commitment to excellence in patient care and their leadership within their chosen field. Please provide detail (where relevant) which demonstrates this clinical leadership.* |

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| **Clinical Experience** (*Briefly describe qualification, registration and appointment showing extent of service, breadth of experience and clinical caseload)* |
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| **Clinical Training** (*Briefly describe internationally recognised and accredited training programmes (including CPD) completed post qualification as a clinician)* |
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*Insert additional rows as necessary*

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| **Service Leadership** (*Briefly describe any appointments as a senior clinical leader, management of clinical programmes, departments or specialist service)* |
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*Insert additional rows as necessary*

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| **Profession Leadership** (*List membership of internationally recognised professional organisations within area of clinical specialty. Document substantial contributions made to and/or election to key positions within national and international bodies and societies.)* |
| * Click here to enter text.
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| **National Leadership** *List membership of government advisory bodies, committees of enquiry and international delegations relevant to clinical experience. Provide details of the organisation, hosting and chairing of nationally and internationally recognised academic and clinical conferences. Contribution to public awareness of clinical specialty through participation in media exchanges (press, radio, television, etc ).***Note: A significant National profile is expected for appointments to the third academic rank (i.e. UCD Clinical Professor)** |
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| **International Recognition** (*List invitations to deliver keynote lectures and addresses at national and international conferences. Describe invitations to serve as external examiner, clinical expert or visiting academic in academic or clinical centres of international repute.)***Note: A significant International profile is expected for appointments to the fourth academic rank (i.e. UCD Full Clinical Professor)** |
| * Click here to enter text.
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*Insert additional rows as necessary*

# Submit Application

Please submit completed application form by email to Clinicalpathway@ucd.ie.
Please do not convert to a pdf format.
All applications will be acknowledged and we will keep you updated on progress of your application.

### Thank you for your application

We are delighted to receive your application and will endeavour to process it as promptly as possible. Please note that adjunct appointments are a formal University process and not all steps or timelines are within the School’s control.

# FOR OFFICE USE ONLY - APPLICATION VERIFICATION and STATEMENT OF SUPPORT

Dear Section Leader or Associate Dean

The attached application has been made under the *UCD Medicine Clinical Pathway*. Please review the application form and provide your assessment of the individual’s contribution to our academic programmes.

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| **Comment by Section Leader or Associate Dean***Please provide any relevant context or background information on the contribution of the applicant to academic or clinical activities in the domains of:* |
| 1. **Research, Scholarship & Innovation**
 |
| Click here to enter text. |
| Click here to enter text. |
| 1. **Teaching, Learning & Assessment**
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| Click here to enter text. |
| Click here to enter text. |
| 1. **Clinical Leadership**
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| Click here to enter text. |
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| **Summary***Relative strength of contribution in each area. Please tick as appropriate.*  |
| 1. **Research, Scholarship & Innovation** Modest [ ]  Normal [ ]  Strong [ ]  Very Strong [ ]
 |
| 1. **Teaching, Learning & Assessment** Modest [ ]  Normal [ ]  Strong [ ]  Very Strong [ ]
 |
| 1. **Clinical & Academic Leadership** Modest [ ]  Normal [ ]  Strong [ ]  Very Strong [ ]
 |
|  |
| **Recommended Academic Rank:** |
|  UCD Assistant Clinical Professor [ ]  UCD Associate Clinical Professor [ ]  |
|  UCD Clinical Professor [ ]  UCD Full Clinical Professor [ ]  |
|  Appointment not recommended [ ]   |

I verify that the information provided above by the applicant is, to the best of my knowledge, correct. I support this application and will be willing to provide any further information required by the Review Panel.

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| **Name: Click here to enter text.** |
| Title: Click here to enter text. |