**APPLICATION FORM FOR CONTRIBUTION REWARD SCHEME**

**(FOR ASSOCIATE PROFESSORS AT GRADE 10)**

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| **APPLICANT DETAILS** |
| **Title** |  | **Forename(s)** |  |
| **Surname** |  | **Professional surname** **(if applicable)** |  |
| **Personal Reference Number (8-digit)** |  |
| **Email address** |  |
| **Current position title** |  |
| **Current Institution /Department/Faculty** |  | **School** | Choose an item. |
| **College (if applicable)** |  |
| **Appointment start date***(in your current post)* |  | **Appointment end date***(if applicable)* |  |
| **Continuous service date***(The date your employment with the University commenced)* |  |
| Contribution increments are awarded to recognise an Associate Professor’s (Grade 10) outstanding and sustained excellence in teaching, and outstanding and sustained service over and above the normal expectation for the role for a period of not less than one year, with the expectation of continued working at that level.If you wish to be considered, please complete Section A of this form setting out the reasons for your application, and providing evidence of your personal contribution to teaching and service over and above the level expected of a person performing competently as an Associate Professor (Grade 10), in support of the academic objectives of your Institution. |
| **How many increments do you wish to be considered for?**  | Choose an item. |
| **Please tick to confirm that you meet the eligibility criteria set out below:** |
| **I am an Associate Professor**  |[ ]
| **I have reached the maximum service point for my grade (Grade 10, point 61) as at 1 October 2023** |[ ]
| **I have been in my post and performing my duties at my current grade and on point 61 for at least one year prior to 1 October 2024** |[ ]

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| **Section A: *to be completed by the applicant***Please set out in full in the tables below the reasons for your application and, where appropriate, explain why more than one increment is requested.You should refer to the Teaching and Service criteria for an Associate Professor (Grade 10) detailed in the ACP (Research and Teaching) guidance when setting out your case, giving quantitative evidence, including dates, where possible, as well as setting out the added value of your achievements and details of sustained leadership. |
| **Teaching** Evidence of outstanding and sustained excellence in teaching. |
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| **Service**Evidence of outstanding and sustained general and/or administrative contributions including leadership. |
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| **Suggestion for internal referee to comment on your case. This person must be able to comment on your application from an academic perspective.**Please note that the decision on who to contact for a reference rests with the Faculty Committee. |
| **Title** |  |
| **Forename** |  |
| **Surname** |  |
| **Position** |  |
| **Email address** |  |
| **Please sign and date the form before submitting to the relevant Faculty Committee Secretary** |
| **Signature** *(an electronic signature is sufficient)* |  |
| **Date** |  |

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| **Section B: *to be completed by the Head of Institution/other delegated senior academic officer***Contribution increments are awarded to recognise an individual’s sustained and outstanding contribution in teaching and service, over and above the normal expectation for the role for a period of not less than one year, with the expectation of continued contribution at that level. Please read the guidance and criteria for the CRS in the ACP (Research and Teaching) guidance before completing this form.Reports listing details of all eligible staff have been sent to nominated burst report recipients for Institutions via the secure burst report mechanism. |
| **How many contribution increments do you support for the applicant?** | Choose an item. |
| **Teaching** Please comment on the applicant’s achievement of the criteria as set out in Section A of the form, and whether you support their case for an award. Where appropriate, please explain why more than one increment is proposed. |
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| **Service**Please comment on the applicant’s achievement of the criteria as set out in Section A of the form, and whether you support their case for an award. Where appropriate, please explain why more than one increment is proposed. |
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| **General summary of case for outstanding performance** |
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| **Comments of the Head of Institution/delegated senior academic officer *where the case is not supported*** |
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| **Please sign and date the form before submitting to the relevant Faculty Committee Secretary**  |
| **Full name** |  |
| **Position** |  |
| **Signature** *(an electronic signature is sufficient)* |  |
| **Date** |  |