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| **CURRICULUM VITAE (CV) TEMPLATE FOR APPLICATION FOR REGISTERED LECTURER STATUS**  **(for staff in partner organisations where programmes are approved by the University)** |

[**Click here**](http://www.worc.ac.uk/aqu/documents/Registered_Lecturer_Policy_July_2015.docx) **for the Policy for the Approval of Registered Lecturers for UW Collaborative Academic Provision**

The purpose of this CV format is to provide clear evidence of the relationship between experience, qualifications and skills and the programme(s)/modules the CV applies to. Information should be succinct and meaningful, highlighting the strengths of the applicant for registered lecturer status in relation to the content of the programme(s)/modules they are seeking approval to deliver. In course approval events, the panel will cross reference the CV application form to the modules.

**Please complete this form electronically and follow the instructions at the end of the form once completed.**

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| **Partner Organisation:** |  | |
| **Address of Organisation** (where there is more than one site, please give your work address): |  | |
| **Post Code:** |  | |
| **University Programme(s)/Modules:**  (identify titles of programmes/modules and whether indirectly funded (IDF) or directly funded (DF)) |  | **IDF/DF** |
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| **Full name (including title):** |  |
| **Home Address:**  (used by IT Services for account verification purposes) |  |
| **Post Code:** |  |
| **Email Address**  **(Work):** |  |
| **Telephone Number (Work):** |  |

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| **Profile** |
| **[Guidance Note - Please delete]** Please provide a summary of your experience, skills, activities and significant achievements demonstrating strengths in relation to the University award(s)/modules. Maximum 5 lines. |

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| **Job Title**  **(Current appointment/role)** |  |
| **Date of appointment** |  |
| **Brief description of duties and responsibilities** |  |
| **Nature of contract with partner Organisation**  **(i.e. full-time, part-time, fractional, hourly paid)** |  |
| **Expected start of duties in relation to the UW programme(s)/modules** |  |

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| **Previous appointments/roles** (most recent first; maximum last 5 years) | | |
| **Job/Role Title** | **Dates held** | **Organisation** |
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| **Qualifications: Degrees, Diplomas, Certificates, including teaching qualifications** | | |
| **Qualification and Subject** | **Awarding Body/Organisation** | **Date of Award** |
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| **Current Membership of Professional Bodies (if none, write “None”)** |  | |

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| **Teaching Experience** |
| **[Guidance Note: Please Delete]** Please provide a summary of your teaching experience, with particular reference to the programme(s)/modules you are seeking approval to deliver. This should include subjects taught and the academic level at which these are delivered. |

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| **Professional, Industrial or Commercial Experience** |
| **[Guidance Note: Please Delete]** Please provide a brief summary of any professional, industrial or commercial experience, with particular reference to any activities which are relevant to the programme or modules you are seeking approval to deliver. |

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| **Staff Development and Training** (most recent first; maximum last 2 years) | | |  |
| **Course/Conference/Activity** | **Provider** | **Main Content** | **Year** |
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| **Research and related Scholarly Activity, including Publications, Exhibitions, Events** (most recent first)  Please limit to the most recent and/or most relevant to the programme(s)/modules you are seeking approval to deliver. | | |
| **Research/Publications/Exhibitions/Events** | **(Brief description and publication if any)** | **Year** |
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| **Current Research (if none, write ‘None’)** |  |  |
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| **External Examinerships or External Verification Roles (if none, write “None”)** | | |
| **Organisation/Awarding Body** | **Course/Subject** | **Years** |
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| **Additional Information** |
| **[Guidance Note: Please Delete]** Please provide any additional information relevant to the programme(s)/modules you are seeking approval to deliver |
| **Applicant Declaration** |
| **I confirm that the University of Worcester may hold this information and share any relevant information as necessary to the fulfillment and implementation of the current agreement between the University of Worcester and ………………………. (insert name of partner organisation) or subsequent extensions thereof.**  **Signed[[1]](#footnote-1):**  **Date:** |

***On completion of the application form, please forward electronically to your HE Manager (or equivalent) for endorsement below.***

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| **Approved on behalf of the Partner Organisation (HE Manager or equivalent)** | |
| **Name/Role in Partner Organisation:** | **Date:** |

**Following endorsement, the HE Manager (or equivalent) should forward the form electronically to either:**

1. **For new Course Approvals –** please send to the Academic Quality Officer identified for the course approval
2. **For members of staff joining a course team subsequent to course approval –** please send to the Academic Quality Unit (Charlotte Taylor; charlotte.taylor@worc.ac.uk)

**The Academic Quality Unit will seek approval by the relevant Head of School (or nominee) at the University (and the course approval panel for new courses where relevant).**

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| **Approved on behalf of the University of Worcester (Head of School or nominee)** | |
| **Name** | **Date** |

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| **Any conditions of the approval, such as notification of completion of an award or specific aspects of a continuing professional development plan and how these will be monitored (to be completed by the Head of School or nominee)** |
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| **Note to Applicant** |
| Upon receipt and approval of your application for Registered Lecturer status, AQU will obtain a staff number for you from HR and will confirm this to you by email.  You will also be sent information regarding accessing the University of Worcester electronic resources and links to the forms you will need to complete in order for the UW Library Services to provide you with access to UW resources. |

1. Submission of form via a partner organisation official email address [↑](#footnote-ref-1)