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| UNIVERSITY OF STAFFORDSHIRE Partner Staff Approval Form | |  |
| This form should be completed for: | | |
| An additional member of staff who has been identified to teach on an existing collaborative course approved by University of Staffordshire *(ie staff member previously unknown to University)*. **Or**  An existing staff member *(previously approved by the University)* who will be responsible for the delivery of additional courses/modules at partner institution. | Please complete sections **A, B, C, E & F**  Please complete sections **A, B, D, E & F** | |
| **This form should be accompanied by a curriculum vitae and a partner staffing profile.**  The completed form (and accompanying CV and partner staffing profile spreadsheet) should be returned to the University Academic Link Tutor, who will arrange for it to be considered by the appropriate School. | | |

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| **SECTION A – DATE EFFECTIVE FROM** | |
| **DATE EFFECTIVE FROM:** | Click or tap to enter a date. |

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| **SECTION B – DETAILS OF PROPOSED STAFF MEMBER** | | |
|  | Title: | Surname: |
|  |  | |
|  | Forename(s): | |
|  |  | |
|  | Partner Institution: | |
|  | Faculty/School/Department (at partner institution): | |
|  |  | |
|  | Work Telephone Number: | |
|  |  | |
|  | Partner Institution Email Address (no personal email addresses): | |

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| **SECTION C - NEW STAFF MEMBERS** | |
| **C1** | Courses Please list courses to which proposed staff member will contribute. |
|  | |  |  | | --- | --- | | **UoS Course Code** | **Course Title** | |  |  | |  |  | |  |  | |
| **C2** | Modules Please list all modules to which proposed staff member will contribute. |
|  | |  |  | | --- | --- | | **UoS Module Code** | **Module Title** | |  |  | |  |  | |  |  | |  |  | |  |  | |

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| **SECTION D - EXISTING STAFF MEMBERS (ROLE EXTENSION)** | |
| **D1** | Existing Courses Please list courses to which staff member currently contributes *(For which they have previously been approved by University of Staffordshire)*: |
|  | |  |  | | --- | --- | | **UoS Course Code** | **Course Title** | |  |  | |  |  | |  |  | |
| **D2** | **Existing Modules**  Please list modules which staff member currently delivers (*For which they have previously been approved by University of Staffordshire*): |
|  | |  |  | | --- | --- | | **UoS Module Code** | **Module Title** | |  |  | |  |  | |  |  | |  |  | |  |  | |
| **D3** | **Additional Courses**  Please list any additional courses for which approval is being sought for the staff member to deliver. |
|  | |  |  | | --- | --- | | **UoS Course Code** | **Course Title** | |  |  | |  |  | |  |  | |
| **D4** | Additional Modules Please list the additional modules for which approval is being sought for the staff member to deliver. |
|  | |  |  | | --- | --- | | **UoS Module Code** | **Module Title** | |  |  | |  |  | |  |  | |  |  | |  |  | |

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| **SECTION E - SUPPORTING INFORMATION** | |
| **E1** | Teaching and Other Relevant Experience Please provide any additional information on teaching and other experience which is relevant to this application and is not included within the accompanying curriculum vitae. |
|  |  |
| **E2** | Research and related Scholarly Activity Give a brief account of any research or related scholarly activity which is relevant to this application and is not included within the accompanying curriculum vitae. |
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| SECTION F – RATIONALE*(For Completion by Partner Course Leader)* | | |
| **F1** | Please provide a brief statement supporting the suitability of the staff member to deliver the courses/modules identified above. | |
|  |  | |
| **F2** | Please indicate which member(s) of staff the applicant is replacing. | |
|  |  | |
| **Name of (Partner) Course Leader:** | | **Date:**  Click or tap to enter a date. |

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| **SECTION G – UNIVERSITY APPROVAL** | |
| **Name of University of Staffordshire Academic Link Tutor:** |  |
| **Decision:** | Choose an item. |
| **Comments to support the decision made above:** |  |
| **Decision Date:** | Click or tap to enter a date. |
|  | |
| **Approved on behalf of School Academic Committee by:** |  |
| **Decision:** | Choose an item. |
| **Comments to support the decision made above:** |  |
| **Decision Date:** | Click or tap to enter a date. |

**August 2024**