Academic Professional Excellence Programme

Registration form

****Please download this form to your computer before completing****

*To register on APEX please complete **Section A** and then pass to your Head of Department / Line Manager to complete **Section B**.*

*You should then send the completed form to the APEX team: **apex@port.ac.uk***

Section A (to be completed by the participant)			
Personal Details			
Title:		**First name:**	
Family name/surname:		**Known as:**	
Role:		**Email:**	
Department:		**Date of Appointment:**	
Faculty/Unit		**FT/PT/Fractional:**	

Pathway agreed with your line manager and/or Head of Department				
Please check the relevant boxes to indicate your chosen category of Fellowship and preferred route:				
[D1] Associate Fellowship: for academic and support staff with limited teaching roles	Written Route		Professional Conversation	
[D2] Fellowship: for most academic staff with at least 18 -24 months experience of teaching in HE**.**	Written Route		Professional Conversation	
[D3] Senior Fellowship: for experienced staff with sustained and successful experience of leading and supporting teams and programmes	Written Route		Professional Conversation	

Section B (to be completed by the line manager / Head of Department			
HoD/Line Manager's signature:		Date:	
Participant's signature:		Date:	