Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Nomination for Appointment Form, Council or Board
Outside a Recruitment Competition
ACCEPTED IN TYPED FORMAT ONLY

IMPORTANT NOTES:

- All forms must be typed and signed
- An Applicant Declaration Form must be completed and returned **with this Form** for any applicant being nominated to pensionable posts **before** such staff can be set up on the Payroll System.
- Incomplete or unsigned forms will be returned and will lead to delays in salary payment.
- Completed forms, and Applicant Declaration if applicable, should be returned to your **Faculty HR Partner.**
- Faculty HR Partner to send signed, completed Nomination Form via email to the Board and Council mailbox. boardandcouncil@tcd.ie

Title of Post:	School/ Area/ Unit:
Work Group: If this person will be a Work Group owner please specify the Work Group they will own:	Is a new Work Group required? Work Group Title: Work Group Owner:
Title (Mr/Ms/Dr/Prof. etc.) First Name: Surname: Email: Phone No.: Gender:	Degrees or qualifications and awarding body for each qualification (Example: Master in Arts (M.A.), Trinity College (Dubl.)
Nationality: Work Permit Required:	One of the below must be selected :
Discipline:	(i) Permanent Contract (ii) Specific Purpose Contract (must specify reason for this inclusion in contract) (iii) Fixed Term Contract
New post or replacement? (If replacement, please give previous post holder)**:**	Salary (exclusive of employer costs) & point on scale**:**
Additional Remuneration (if any):	Date of 1st increment
Hours worked per week (required):	Increment amount

Principal Investigator: Annual Leave (minimum 20 days):			Commencement Date:			
Annual Leave (minimum 20 days):			Termination date: OR Permanent/Indefinite duration?			
RESEARCH STAFF DETAILS – Title of Project: Source of Grant:			Additional Comments			

	Project No	Organisation	Expenditure Type	Task No	Award No	% to be Charged
Research Codes				01		
				01		
				01		

	GL Cost Centre	GL Activity	GL Source of Funds	GL Expense Code	% to be Charged
GL Codes					

	Customer Name	Customer Number	Bill to Location	% to be Charged
Accounts Receivable Codes				

I confirm that the form is fully complete and the information is correct. I acknowledge that the information will form the basis of the record in the Calendar for the Staff Member.

Signed: _____ **Print Name:** _____

Hiring Lead/ Principal Investigator

Signed: _____ **Print Name:** _____

Head of School

Signed: _____ **Print Name:** _____

Human Resources Partner

Date: _____/_____/_____ **Date of FEC Approval / Meeting:** _____/_____/_____

Please supply Name, Extension No. and email of person who can be contacted by Human Resources if there are any queries regarding this form: _____