**SCHEME A: COVID-19 IMPACT STATEMENT**

**FOR APPENDING TO APPLICATION FORM, WHERE APPLICABLE**

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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** |  | **School** |  |
| **College (if applicable)** |  | | |
| **Appointment start date** |  | **Appointment end date** |  |
| **Continuous service date** |  | | |

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| **COVID-19 Impact Statement (voluntary) –** *Please note, this will be not be provided to the internal referee providing a statement on your application.*  We recognise that the COVID-19 pandemic has had a significant impact on the HEI sector and many teaching and scholarship staff will have faced difficulties in carrying out their usual duties. We therefore welcome a voluntary statement detailing the impact on your current or future work.  This can include access to labs and other resources due to building closures, access to primary data or opportunities to travel abroad to disseminate scholarship or other circumstances. It may also include impacts as a result of caring responsibilities for children and/or other dependants, mental health issues such as heightened stress and anxiety over this period, or other disability related impacts. This voluntary statement will be taken into account by the relevant promotions panel when evaluating your case for promotion. You may include reference to personal matters which have affected your work if you wish; however, there is no requirement to do so, nor are you required to disclose if you were furloughed.  Please set out below details of the impact of the COVID-19 pandemic on your achievements and/or ability to carry out your usual duties during this time and your assessment of the cumulative impact on your future work. (maximum of 1,000 words) |

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| **COVID-19 Impact Statement (maximum of 1,000 words)** | |
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| **Please enter word count** |  |

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| **Please sign and date the form before submitting to your Head of Institution with your application form** | |
| **Signature** |  |
| **Date** |  |