**Faculty of Biology, Medicine and Health**

**Application for Exemption from the   
New Academics and Fellows Programme (NAP)**

This form is issued by the Faculty Centre for Academic and Researcher Development (CARD) and should be used to apply to the NAP Exemptions Panel for either full or partial exemption from the New Academics and Fellows Programme (NAP). **All information contained in this form will be treated as confidential.** NAP exemption application timelines can be found[**here**](https://www.staffnet.manchester.ac.uk/bmh/ps-activities/training/academic/new-academics-programme/nap-exemption/)

Once completed, this form along with any supporting documentation should be sent via email to the Centre for Academic and Researcher Development at [acadresdev@manchester.ac.uk](mailto:acadresdev@manchester.ac.uk). Please note that the application will be reviewed by the NAP Exemptions panel who will decide whether the request will be approved, declined or whether further recommendations are suggested.

If you have any queries or concerns about completing this form, please contact the NAP Administrator at [acadresdev@manchester.ac.uk](mailto:acadresdev@manchester.ac.uk).

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| **SECTION 1: PERSONAL DETAILS** | | | | | | | | | |
| **Surname** |  | | | **Forename** |  | | | | |
| **ID Number** |  | | | | | | | | |
| **School** |  | | | | | | | | |
| **Division** |  | | | | | | | | |
| **Job Title** |  | | | | | | | | |
| **Email Address** |  | | | | | | | | |
| **Probation Start Date** | |  | | **Probation End Date** | |  | | | |
| **Please confirm your contract type?** *Please tick the relevant box. If your application for exemption is successful, or if further recommendations are suggested by the panel, these will be informed by your contract type.* | | | | | | | | | |
| **Teaching Only  Research Only  Teaching and Research** | | | | | | | | | |
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| **SECTION 2: APPLICATION DETAILS** | | | | | | | | | |
| **I am applying for** *(please tick the relevant box).* | | | | | | | | | |
| **Full Exemption**  *If you are applying for full exemption, please go to section 3.* | | | | | | | |  | |
| **Partial Exemption**  *If you are applying for partial exemption, please complete the box below.* | | | | | | | |  | |
| **If you are applying for partial exemption from the NAP, please use the box below to state which parts of the Programme you would like exemption from.** | | | | | | | | | |
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| **SECTION 3: DECLARATION AND SUPPORTING EVIDENCE** | | | | | | | | | |
| **Please provide**   * **Exact details of your application for exemption: details of relevant prior experience and/or learning;** * **Justification for your application;** * **Supporting evidence i.e. copies of certificates, prior teaching qualification**   **Supporting documents should be sent as attachments along with the completed application form by email to:** [**acadresdev@manchester.ac.uk**](mailto:acadresdev@manchester.ac.uk) | | | | | | | | | |
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| **Please give a list below of any additional support documents that have been provided along with this form.** | | | | | | | | | |
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| *I confirm that the information I have given is correct to the best of my knowledge.* | | | | | | | | | |
| **Name** | | |  | | | | **Date** | |  |

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| **SECTION 4: DIVISIONAL LEAD/LINE MANAGER DECLARATION** | | | | |
| **A statement must be provided below by the Divisional Lead/line manager or a supporting letter/email must be provided/attached**  *The Divisional Lead/Line Manager declaration should include a statement of support for the NAP exemption application (including justification) and whether the support applies to full or partial exemption from the NAP. If the application is for partial exemption, please include a statement detailing section of the NAP you are supporting exemption from.* | | | | |
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| **Name and**  **Signature** |  | | **Date** |  |
|  | | | | |
| **SECTION 5: TO BE COMPLETED ON BEHALF OF THE NAP EXEMPTIONS PANEL** | | | | |
| ***As Chair of the NAP Exemptions Panel I have considered this application and the decision is to:*** | | | | |
| **APPROVE**  **REJECT  FURTHER RECOMMENDATION** | | | | |
| **If further recommendation made, please state the recommendation below and reason(s) for the further recommendation.** | | | | |
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| **A statement must be provided below by the Chair of the NAP Exemptions Panel. If the application is approved please include a statement of support. If the application is rejected by the panel, please provide reason(s).** | | | | |
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| **Chair of NAP Exemptions Panel**  (Faculty NAP Academic Lead) | |  | **DATE** |  |

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| **OFFICE USE ONLY** | | | | |
| **SENT TO NAP EXEMPTIONS PANEL**  **DATE:**  **BY:** | | **APPLICANT NOTIFIED OF DECISION**    **DATE:**  **BY:** | | |
| **NAP DATABASE UPDATED**  **DATE:**  **BY:** | |  | | |
| **FBMH NAP Administrator** |  | | **DATE** |  |

**Once completed a copy of this signed form, together with the confirmation letter and any supporting documents, should be kept on file.**