**Senior Colleague statement**

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| **Name:** |  |
| **Job title:** |  |
| **Statement provided in**  **support of:** |  |
| **Name:** |  |
| **Job title:** |  |
| **Appointment to:** | MAHSC Honorary Clinical Chair |

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| --- |
| Please indicate briefly below how you believe the individual meets the criteria for promotion in terms of their outstanding clinical contribution: |
|  |

***Please submit this form to the Head of School in line with the Academic Promotion timetable.***