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| **UNIVERSITI teknologi brunei** **[Application Form for Academic Position]****LOCAL APPLICANT****Please complete and submit to:**Registrar and SecretaryUniversiti Teknologi Brunei(Attention to: Assistant Registrar, Personnel)**For applicant use only**This application form must be accompanied with

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| ***CHECKLIST/instructions*** |
| [ ]  Signature of the applicant and the date of submission[ ]  Letter of application [ ]  Recent passport-size photograph [ ]  Copies of academic certificates and transcripts (high school first degree, master’s  degree, PhD including professional qualifications) [ ]  Copy of identity card [ ]  Names and contact details *(including email addresses)* of 4 referees [ ]  Up-to-date curriculum vitae [ ]  Copy of current appointment letter, if any[ ]  Copy of current pay slip/salary certificate, if any[ ]  Proof of payment for the professional qualifications, if any[ ]  Print out of your teaching portfolio, research portfolio, Scopus h-index, citation, and  number of listed publications by the published closing date. **An incomplete application may not be considered**. |

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|  | **UNIVERSITI TEKNOLOGI BRUNEI****APPLICATION FORM FOR ACADEMIC POSITION****[LOCAL APPLICANT]** | Attach **recent**passport-size photographhere |

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| **For Official Use Only** |
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*\* Please complete the form in* ***BLOCK LETTERS***

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| 1. **POSITION APPLIED FOR**
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| Post applied for: | Faculty/School/Centre:Reference Number:Closing Date (dd/mm/yy):Date of any previous application: |
|  |  | Professor |
|  |  | Associate Professor |
|  |  | Senior Assistant Professor |
|  |  | Assistant Professor |
|  |  | Lecturer | Source of the vacancy: |
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| 1. **PERSONAL DETAILS**
 |
| Full Name as in Brunei Identity Card (underline Surname / Family Name): | Title (Prof / Dr / Mr / Mrs / Ms etc.) |
| Mailing Address:  |
| Postcode: |
| Telephone [Home/Mobile]: | Email Address: |
| Telephone [Office]: | Fax No: |
| Date of Birth:  | Gender: |  | Male | Nationality: |  |
| Religion: |  |  | Female | Race: |  |
| Country of Birth: | Identification Card No.: | Passport No.: |
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| 1. **FAMILY BACKGROUND**
 |
| Full Name  | Date & Place of Birth | Nationality | Occupation | Current Address |
| Father |  |  |  |  |  |
| Mother |  |  |  |  |  |
| Spouse |  |  |  |  |  |
| Child(ren) |  |  |  |  |  |
| 1. **ACADEMIC QUALIFICATIONS**
 |
|  | Major Field of Study | Name & Address of Awarding Institution | Award Date of Certificate |
| First Degree |  |  |  |
| Master’s Degree |  |  |  |
| PhD |  |  |  |
| Other Awards, please state: |  |  |  |
| Professional Qualifications | Type / Class | Name & Address of Awarding Institution | Date |
|  |  |  |  |
| Use this space to provide additional information you wish to include / you may use additional sheet if necessary |
|  |
| **General Certificate of Education Ordinary Level or its equivalent** | **Subjects and Grade** |
| **Name of Examination:****School/College:****Award Date of Certificate:****Results:** |  |
| **General Certificate of Education Advanced Level/Higher National Diploma or its equivalent** | **Subjects and Grade** |
| **Name of Examination:****School/College:****Award Date of Certificate:****Results:** |  |
| 1. **CURRENT EMPLOYMENT**
 |
| Name & Address of Current Employer: |
| Current Appointment | Current Monthly Salary | Date of Appointment | Duties and Responsibilities |
|  |  |  |  |
| 1. **PREVIOUS EMPLOYMENT** (Most recent first, use additional sheet if necessary)
 |
| From | To | Name & Full Address of Employer | Post Held, Duties and Responsibilities |
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| 1. **ADMINISTRATION, LEADERSHIP AND MANAGEMENT**
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| Contribution to the Administration of the University at Programme Level, Faculty level, appointment as a principal officer (Dean/Director) or course coordinator and accomplishments in that role, and contribution to the attainment of the goals described in any of the University’s mission and statement/strategic plan/research plan or faculty strategic plan. Please also state any new initiatives at each level:**Programme Area Level:**

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| --- | --- | --- | --- | --- |
| Nos. | Date (From – To) | Chair/Member of Committee | New Initiatives Introduced/Implemented | Accomplishments in the role |
|  |  |  |  |  |
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**Faculty Level:**

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| Nos. | Date (From – To) | Chair/Member of Committee | New Initiatives Introduced/Implemented | Accomplishments in the role |
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**University Level:**

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| Nos. | Date (From – To) | Appointment/Position | New Initiatives Introduced/Implemented | Accomplishments in the role |
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**Service Awards or Prizes, if any:**

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| --- | --- | --- |
| Date Awarded | Name of the Award | Explain briefly the significant of the award |
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| 1. **ADDITIONAL INFORMATION IN SUPPORT OF APPLICATION (use additional sheet if necessary)**
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| **Indicate modules that you can teach and are willing to offer at undergraduate and postgraduate levels:**

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| --- | --- |
| Undergraduate Modules | Postgraduate Modules |
|  |  |

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| **Indicate Present Research Activities, Areas of Interest, Research Collaboration, Plans for Future Development in your Research Field, Research Grants and Research Prizes granted.**Research Activities: Research Area/Interest: Research Collaborations in Multidisciplinary/Cluster Projects:Plans for Future Development in your Research Field: Research Grants:

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| --- | --- | --- | --- | --- |
| Date (From – To) and Duration | Research Title | Amount $ | Source of Funding | Principal Investigator or Collaborator and % contribution to joint projects |
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Research Prizes:

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| --- | --- | --- | --- |
| Name of the Award | Awarding Body | Date Awarded | Explain briefly the significance of the award |
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| **Supervision Experience**: Please indicate and provide a list of supervision at undergraduate level (such as final year projects) and postgraduate level (Master’s degree and PhD students)

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| --- | --- |
| Level of Supervision | Number of Students/Projects Supervised |
| Main Supervision | Co-Supervision |
| Degree |  |  |
| Masters |  |  |
| PhD |  |  |
| Others: |  |  |

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| **Publications (Should only include publications in recognised academic journals/books, please provide full publication details, e.g. all authors, titles, dates)**

|  |  |
| --- | --- |
| Publications | In terms of numbers |
| Books and Book Chapters |  |
| Edited Books |  |
| Referred Journal Articles |  |
| Non-referred Articles |  |
| Conference Papers (Full paper) |  |
| Technical Reports/Working Papers |  |
| Start-up Companies/Exhibitions |  |
| Patents |  |
| Others, please specify |  |

|  |  |
| --- | --- |
| Current Publication Standing | Scopus |
| h-index |  |
| Citations (excluding self-citation) |  |
| No. of Publications listed |  |

Please attach a list of Publications (Books and Monograph, International Journals, and Other Scholarly Publications) and provide a print out and the link to your Scopus h-index and citation, as a measure for both the productivity and impact of the published work[Use additional sheet if necessary] |
| **Any Other Relevant Information**  |
| 1. **LANGUAGES**
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| --- | --- | --- |
|  | Written Ability | Spoken Ability |
|  | Fluent | Good | Fair | Fluent | Good | Fair |
| Malay |  |  |  |  |  |  |
| English |  |  |  |  |  |  |
| Arabic |  |  |  |  |  |  |
| Others |  |  |  |  |  |  |
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| 1. **REFEREES**

Please provide names of four (4) referees who are willing to serve in their capacity and will be able to submit reports to the University by a given date. Referees should be people of standing whose judgements can be relied upon by the Panel in its deliberation. |
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| Full Name of Referee |  |
| Position |  |
| Address |  |
| Telephone |  |
| Email Address |  |
| Relationship to applicant |  |

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| --- | --- |
| Full Name of Referee |  |
| Position |  |
| Address |  |
| Telephone |  |
| Email Address |  |
| Relationship to applicant |  |

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| --- | --- |
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| Telephone |  |
| Email Address |  |
| Relationship to applicant |  |

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| --- | --- |
| Full Name of Referee |  |
| Position |  |
| Address |  |
| Telephone |  |
| Email Address |  |
| Relationship to applicant |  |

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| 1. **DECLARATION**
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| I declare that all the information provided on this application is true and correct to the best of my knowledge. I understand this information is subject to verification, and my employment and/or continuance thereof may depend upon its accuracy.------------------------------------------ ----------------------------------- Applicant’s Signature Date  |