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| Official Logo.gif Staff development center    **APPLICATION FOR**  **THE CERTIFICATE IN TEACHING IN HIGHER EDUCATION (CTHE) - 2017** |

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| **01** | Name |  | | | | | | | | | | | | |
| **02** | Date of Birth |  | | | | | | | | | | | | |
| **03** | Address  (Residential) |  | | | | | | | | | | | | |
| **04** | Tel |  | | | | | | **05** | Mobile Phone | | |  | | |
| **06** | Gender | Male / Female | | | | | | **07** | Civil Status | | | Single / Married | | |
| **08** | Faculty |  | | | | | | **09** | Department /  Unit | | |  | | |
| **10** | Tel |  | | | | | | **11** | Email Address | | |  | | |
| **12** | Position |  | | | | | | **13** | Date of  Appointment | | |  | | |
| **14** | Confirmation | Yes / No | | | | | | **15** | If yes, the date of  confirmation | | |  | | |
| **16** | **Qualification** |  | | | | | | | | | | | | |
| **16.1** | Basic Qualification  (First Degree) | |  | | | | | | | | | | | |
| **16.2** | Postgraduate Degree  / Degrees ( if any) | |  | | | | | | | | | | | |
| **17** | Subject areas you  cover in teaching | |  | | | | | | | | | | | |
| **18** | Research area/ areas of your interest | |  | | | | | | | | | | | |
| **19** | **Particulars about your publications \*** | | | | | | | | | | | | | |
| **19.1** | In refereed journals  (Number ) | | | |  | | | | | **19.2** | As extended abstracts/  abstracts  (Numbers) | |  | |
| **20** | **Please indicate your expectations from the SDC ( tick the appropriate cell / cells)** | | | | | | | | | | | | | |
| **20.1** | Teaching in Higher  Education Course | | |  | | **20.2** | How to use Audio – Visuals for teaching | | | | | | |  |
| **20.3** | Conduct of  Assessments | | |  | | **20.4** | Use of information Technology for preparing lectures | | | | | | |  |
| **20.5** | Quality enhancement of the Academics | | |  | | **20.6** | Research Methodology | | | | | | |  |
| **20.7** | Any other ( please specify) | | |  | | | | | | | | | | |

*\* Note: You may use a separate sheet if you need to provide more information*

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| **21** | **I understand that,**  A. The course is conducted mostly in weekends and public holidays or during the mid semester break at the Uva Wellassa University and is conducted in English  B. To pass the course, I have to submit the following :   * Assignments given at the workshops ( within 14 days after the workshop) * A presentation on a given topic * A portfolio at the end of the course   C. I have to devote at least 6 hrs / week on my own for self studies  D. I should have more than 80% of attendance  Signature of the Applicant :……………………… Date:………………………… |
| **22** | **Recommendation of the Head of the Department :**  I recommend / not recommend the above application. I have read and agreed to provide the necessary facilities, for the applicant to complete this course. I like to release Dr / Mr / Ms /…………………………………………  ……………………………………………………. of my Department for the Lectures / workshops organized by the staff Development Centre (SDC) until the end of this course.  Head / Dept. of…………………………………………………………………….  Name:………. …………………………………………………………  Tel:.................................................... Email :…………………………….  Signature: ………………………… Date: ……………………………. |
| **23** | **Recommendation of the Dean of the Faculty**  I recommend / not recommend the application.  Dean / Faculty of ………………………………………………………………….  Tel ……………………………………….. Email……………………………  Signature: ………………………………… Date: …………………………… |