Election to Fellowship of the Learned Society of Wales – 2023-24

**Nominee Evidence Form**

**INDUSTRY, COMMERCE, THE ARTS AND PROFESSIONS**

**To be completed by the Nominee and submitted by the Proposer**

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| Nominee’s personal details |
| **Title, name and any post-nominal letters** |  |
| **Current job / role** |  |
| **Institution / organisation** |  |
| **Affiliation (see** [**Guidance**](https://www.learnedsociety.wales/fellowship/becoming-a-fellow/nomination-forms/)**)** | [ ]  Please list the above job/role in the register of Fellows |
| [ ]  Please list the following affiliation instead: |
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| **Postal Address** |  | [ ]  Work [ ]  Personal |
| **Phone** |  | [ ]  Work number[ ]  Personal number |
| **Email** |  |
| **Date of Birth (dd/mm/yyyy)** |  |
| **Language for communications** | [ ]  Welsh | [ ]  English  |

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| Individual circumstances  |
| **Would you like the Scrutiny Committee to take into account any special circumstances affecting your career? Please see the** [**Guidance**](https://www.learnedsociety.wales/fellowship/becoming-a-fellow/nomination-forms/) **for further information.** |
| [ ]  Yes | [ ]  No |
| **If you have selected Yes and the circumstances are not confidential, please note them here. If they are confidential, please complete and return the separate Individual Circumstances Form.** |
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| Connection with Wales  |
| **Nominees must have a clear connection with Wales (see** [**Guidance**](https://www.learnedsociety.wales/fellowship/becoming-a-fellow/nomination-forms/) **for information). In a maximum of 250 words, please indicate your connection here.** |
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| Principal area of activity |
| **Describe your field of activity in no more than 5 words (see** [**Guidance**](https://www.learnedsociety.wales/fellowship/becoming-a-fellow/nomination-forms/) **for information).** |
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| Biography |
| **In around 75 words, please summarise your headline research, achievements and impact (see** [**Guidance**](https://www.learnedsociety.wales/fellowship/becoming-a-fellow/nomination-forms/) **for information).**  |
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| Employment history |
| Please list your employment history in reverse chronological order. |
| **Employer** | **Department** | **Job title** | **From** | **To** |
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| Qualifications |
| Please list your qualifications in reverse chronological order. |
| **Qualification** | **Institution** | **Award** | **Date awarded** |
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| Honours, distinctions or elected fellowships |
| Please list any honours, distinctions or elected fellowships in reverse chronological order. |
| **Award** | **Institution / organisation** | **Date awarded** |
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| Professional bodies / learned societies |
| Please list any memberships of professional bodies or learned societies. |
| **Status** | **Professional body / society** | **Date membership commenced** |
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| Achievements |
| Please list up to 20 achievements and/or outputs in date order, starting with the most recent.Please refer to the [**Guidance**](https://www.learnedsociety.wales/fellowship/becoming-a-fellow/nomination-forms/) for further information on how to complete this section. |
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| Please summarise the significance and impact of the selected achievements and/or outputs (100 words maximum). |
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| Fields of Expertise |
| Please identify your specific fields of expertise (maximum 250 words). |
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| Evidence of Achievements |
| Please provide evidence to demonstrate that your achievements meet our three overarching criteria of excellence. |
| Outstanding achievement (the quality of your achievements and contributions to Wales) (maximum 1000 words) |
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| Professional standing (the strength of your reputation among your peers) (maximum 1000 words) |
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| Wider contributions (the impact you have made on people, institutions, or wider society (maximum 1000 words) |
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| Final Statement |
| In a maximum of 250 words, please:* Provide any additional information to support your case for election
* Indicate how you will contribute to the Society’s strategic objectives

Indicate the kinds of Society activities you would contribute to and/or wish to be engaged in |
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**Finally, please complete the declaration on the next page and sign and date the form.**

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| Declaration |
| Please tick all relevant boxes. Your information will only be used for the stated purposes and will not be shared with any third party. *See* [*www.learnedsociety.wales/privacy-policy*](http://www.learnedsociety.wales/privacy-policy/) |
| **We cannot process your nomination if you do not tick the first five boxes.** |
| [ ]  | I confirm that the information provided in this nomination is a true and fair reflection of my activities and achievements. |
| [ ]  | I consent to LSW passing this completed form to the relevant Scrutiny Committee, on the basis that it is confidential information not to be shared more widely. I understand that my personal details will not be passed on to the Independent Assessors. |
| [ ]  | If I am elected as a Fellow, I consent to LSW:1. Retaining my personal information for the purposes of communicating with me about my membership
2. Using non-personal information on this form and the Nomination Form to publicise my election, note my specialist skills and interests on the LSW database, and populate my entry on the LSW website
3. Retaining the original forms relating to my nomination, so that they can be used anonymously for research and statistical purposes
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| [ ]  | If my nomination is successful, I will abide by the Fellows’ [Code of Conduct](https://www.learnedsociety.wales/code-of-conduct/) |
| [ ]  | If my nomination is unsuccessful, I consent to LSW retaining the original forms relating to my nomination until the end of next year’s election cycle (31 October 2024). LSW may use this information to provide me with feedback or - anonymously - to evaluate and improve the election process. However, I understand that I can ask LSW to delete this information at any time. |
| **The final three boxes are optional but provide LSW with valuable information for future election processes and promotion of our activities.** |
| [ ]  | If I am elected as a Fellow, I consent to LSW passing my name and email to a University Representative if one exists at my institution (this is a Fellow who coordinates LSW activity within a university) |
| [ ]  | If my nomination is unsuccessful, I consent to LSW informing me about future election processes. |
| [ ]  | Regardless of the outcome of my nomination, I consent to be added to the LSW mailing list in order to receive information about its events and activities. |

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| Signature |
| Signature (an e-signature is sufficient) | Date |
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**Please send this form to your Proposer once complete, not directly to LSW.**

**The Proposer will send it to us as part of your nomination.**