**PD30a: APPLICATION FORM FOR CONTRIBUTION INCREMENT(S)**

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| **APPLICANT DETAILS** | | | | |
| **Is this a self-nomination or a manager-led nomination?** | | Choose an item. | | |
| **Title** |  | | | |
| **Forename(s)** |  | | | |
| **Surname** |  | | | |
| **Personal reference number**  *(available on payslip)* |  | | | |
| **Email address** |  | | | |
| **Current position title** |  | | | |
| **Current Institution/ Department/Faculty/Division** |  | | | |
| **Position start date**  *(in current post)* |  | | | |
| **Please ensure that you read the scheme guidance before completing this form. Once completed, send this form to your line manager for consideration.** | | | | |
| **How many increments do you wish to be considered for?** | | | Choose an item. | |
| **Please tick to confirm that you meet the eligibility criteria set out below:** | | | | |
| I am an Academic-Related or Assistant member of staff in Grades 1-11 | | | |  |
| I have been in my post and at my current grade for at least one year prior to 1 January 2025 | | | |  |
| I am not applying for a Single Contribution Payment in this scheme exercise | | | |  |

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| **Section A: *to be completed by the applicant*** |  |
| Please explain below the reasons for your application, and where appropriate, explain why more than one increment is requested (continue typing to expand the box if needed) | |
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| **Section B: *to be completed by the line manager*** | | *To be completed in all cases* | | | |
| **Do you support the application?** | | | | | Choose an item. |
| **How many contribution increments do you support for the applicant?** *(leave blank if you do not support the application)*  ***PLEASE NOTE:*** *In most cases, a successful application will result in an award of one increment, with an award of two increments available for particularly strong cases. An award of three increments will only be made in very exceptional circumstances.* | | | | | Choose an item. |
| **Please confirm if there is sufficient funding to support this award** | | | | | Choose an item. |
| **Please provide funding code below if it is different to the code used for salary (24 characters)** | | | | | |
|  | | | | | |
| **Has the employee had an appraisal meeting in the last 12 months?** | | | | | Choose an item. |
| **Please comment on the individual’s application, giving reasons for why you do or do not support the application.** | | | | | |
|  | | | | | |
| **Please sign and date the form before submitting to the Head of Institution** | | | | | |
| Full name |  | | | | |
| Signature *(an electronic signature is sufficient)* |  | | Date |  | |

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| **Section C: *to be completed by the Head of Institution*** | | | *To be completed in all cases* | |
| **Do you support the application?** | | | | Choose an item. |
| **How many contribution increments do you support for the applicant?** *(leave blank if you do not support the application)*  ***PLEASE NOTE: I****n most cases, a successful application will result in an award of one increment, with an award of two increments available for particularly strong cases. An award of three increments will only be made in very exceptional circumstances.* | | | | Choose an item. |
| **If you do not support the individual’s application, please give reasons below:** | | | | |
|  | | | | |
| **Please sign and date the form before submitting as per the instructions from the relevant Awarding Authority** | | | | |
| Full name |  | | | |
| Signature *(an electronic signature is sufficient)* |  | Date |  | |