



### SWISS GSB FACULTY MEMBER APPLICATION/SELF NOMINATION FORM



Please complete each section of this application form as fully as possible. Application form can be typed or your own hand written. Please Email completed this Application Forms to the Academic Program Dean, dean@sgsb.swiss



#### Faculty Teaching Fees :

Undergraduate 🏶 Graduate 🏶 Postgraduate Programmes

- Sfr.130 Per Hour : Teaching at SGSB from 1~3 semesters
- Sfr.150 Per Hour : Teaching at Swiss GSB from 4~6 semesters
- Sfr.180 Per Hour : Teaching at Swiss GSB from 7 semesters on.

#### Please Tick Teaching Field(s) :

- Foundation BBA, Pre-Bachelor 🗆
- Undergraduate, Bachelor, BBA, Executive BBA 🗆
- Foundation MBA, Pre-Master
- Graduate, Master, MBA, Executive MBA 🗆
- Postgraduate, Doctorate, DBA, PhD, AMP (Advanced Management Program)



#### If applying to be a Professor for a specific course, please indicate the name of the course(s):

#### **1. PERSONAL DETAILS**

| NAME                                      |           |
|---|-----------|
| HOME ADDRESS                              |           |
|   | 000000000 |
|   |           |
| TELEPHONE (HOME)                          |           |
| TELEPHONE (WORK)                          |           |
| TELEPHON <mark>E (MOBILE)</mark>          |           |
| EMAIL ADDRESS                             |           |
| TEACHING COUNCIL                          |           |
| NUMBER                                    |           |
| EMPLOYMENT                                |           |
| STATU <mark>S (Perman</mark> ent full-    |           |
| time, fi <mark>x</mark> ed term contract, |           |
| part-time, retired etc)                   |           |

#### 2. BUSINESS SCHOOL DETAILS (if relevant) – current or former if retired

| SCHOOL NAME                     |  |
|---------------------------------|--|
|                                 |  |
| SCHOOL ROLL NUMBER              |  |
| SCHOOL ADDRESS                  |  |
|                                 |  |
|                                 |  |
| SCHOOL PRINCIPAL NAME           |  |
| SCHOOL PHONE                    |  |
| SCHOOL/PRINCIPAL EMAIL ADDRESS  |  |
| SCHOOL/TRINCH AL LIMAIL ADDRESS |  |

#### 3. (a) AVAILABILITY for Lecturing

Please list your availability (Full-time, Half-time, Day-time, Evening-time) for course delivery with day

| 1 |  |
|---|--|
| 2 |  |
| 3 |  |

#### (b) AVAILABILITY for Timing

Confirm your availability to deliver the course you are applying for (tick all that apply):

| TIME   | Yes | No |
|--|-----|----|
| During school holidays – summer (first week July)  |     |    |
| During school holidays – summer (second week July) |     |    |
| During school holidays – summer (end August)       |     |    |
| Weekdays – during school time                      |     |    |



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| Weekdays – after school hours |  |
|-------------------------------|--|
| Weekends                      |  |

#### 4. ACADEMIC BACKGROUND

#### (a) THIRD LEVEL QUALIFICATIONS

Please provide details of all third level qualifications, including your teaching and postgraduate qualifications.

| Title of Qualification | Institution/Conferring<br>Body | Dates from/to | Full/Part<br>time |
|------------------------|--------------------------------|---------------|-------------------|
|                        | 000000000                      |               |                   |
|                        |                                |               |                   |
|                        |                                |               |                   |
| 67.5                   |                                |               |                   |

If you already have taught courses, please list the Subject Areas you teach:



Please detail any education programmes in which you are currently engaged.

| College/Institution | Title of Course |
|---------------------|-----------------|
|                     |                 |
|                     | 0               |
| 0                   |                 |

#### 5. PROFESSIONAL DEVELOPMENT RELATED TO BUSINESS ADMINISTRATION FOR TEACHING, LEARNING and ASSESSMENT

Please provide details in the table below of any teacher professional development courses related to ICT for teaching, learning and assessment that you have participated in <u>in the past</u> <u>five years</u>.

| Course name | Name of Provider | Approx<br>dates | Format (face to face or online)       | Venue (if<br>applicable) |
|-------------|------------------|-----------------|---------------------------------------|--------------------------|
|             | 6                | 3               |                                       |                          |
|             |                  |                 |                                       |                          |
| Course name | Name of Provider | Approx<br>dates | Format (face<br>to face or<br>online) | Venue (if<br>applicable) |
|             |                  |                 |                                       |                          |

## Faculty Member Application/Self Nomination Form

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|----------|------|--|
|          |      |  |
| COLOR OF |      |  |
|          |      |  |

## 6. EMPLOYMENT HISTORY

#### (a) Teaching Experience - general

| Year <mark>(s</mark> ) | School(s)            |
|------------------------|----------------------|
|                        |                      |
| 22                     |                      |
| 50                     |                      |
|                        | TAS MEALES IN STATES |
|                        |                      |

#### (b) If you are a Post-Holder in your school, please give details:

| E SCP |
|-------|

# (c) Outline any additional work experience outside of the teaching/school domain (not already mentioned above)

| EMPLOYER NAME                                       |  |
|---|--|
| DATES TO/FROM                                       |  |
| POSITION  |  |
| DESCRIPTION OF MAIN<br>DUTIES &<br>RESPONSIBILITIES |  |

## Faculty Member Application/Self Nomination Form

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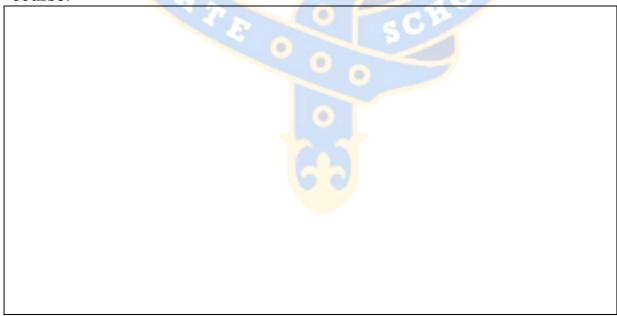
| • |  |
|---|--|

| Employer Name       |            |
|---------------------|------------|
| DATES TO/FROM       | 542        |
| POSITION            |            |
| DESCRIPTION OF MAIN |            |
| DUTIES &            |            |
| RESPONSIBILITIES    |            |
|                     | 1000000000 |
|                     |            |
|                     |            |



#### 7. RELEVANT EXPERIENCE and AREAS OF EXPERTISE

(a) Please detail your experience and expertise in the area of ICT in learning and teaching that demonstrates your suitability as a tutor. If you are applying for a particular course, please outline specific experience relevant to this course.





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(b) Please give examples of media/applications you regularly use for learning, teaching and assessment.



#### 8. LECTURING EXPERIENCE

If you have lectured courses for Higher Education, or for any other teacher professional development organisations **in the past five years**, please provide details below.

| Name of | Education           | No. of                | Format             | Years (in |
|---------|---------------------|-----------------------|--------------------|-----------|
| Course  | Institutes/location | times/semesters/years | (face to           | which     |
|         |                     | delivered approx.     | face or<br>online) | lectured) |
|         |                     |                       |                    |           |
|         |                     |                       |                    |           |
|         |                     |                       |                    |           |
|         |                     |                       |                    |           |
|         |                     |                       |                    |           |
|         |                     |                       |                    |           |



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|   |  |  |  |

#### 9. OTHER RELEVANT INFORMATION to support your application

# 10. ADDITIONAL QUESTIONS (Note these are not essential criteria but will assist education centres in the planning for future course delivery.)

|   | YES | NO |
|---|-----|----|
| (a) Would you be willing to join other school extracurricular |     |    |
| activities just being together with students to support and   |     |    |
| assist at a future date?                                      |     |    |
|   | 2   | 2  |
| (b) Would you be comfortable delivering your courses          |     |    |
| through the medium of SGSB System?                            | 60  |    |
|   |     |    |
| (c) I have lectured / taught through online                   | 4   | 1  |
|   | 07  |    |

#### 11. REFERENCES

## Please provide contact details of one person from whom references may be obtained.

| Referee's Name |   |
|----------------|---|
| Position       |   |
| Address        |   |
|                | 0 |
| Telephone      |   |
| Number(s)      | 0 |
| Email Address  |   |
|                |   |

### 12. Swiss GSB Business School in Higher Education Professor Agreement

|  | YES | NO |
|--|-----|----|
| Have you accepted to teach and guide your students friendly<br>and flexibly at the Swiss GSB Business School in Higher<br>Education Professor Agreement? |     |    |



#### Notes:

- 1) The signing of the application form and by admission of a person to a competition, is not to be taken as implying that such person fulfils the requirements and does not carry a guarantee that your application will receive further consideration.
- 2) When your application form is received, we create a computer record in your file, which contains much of the personal information you have supplied on your application. This personal record is used solely in processing your application.
- 3) Your Application details will only be shared The Swiss GSB Business School on your application.

#### **Required Supplement Documents:**

- 1) Incl. Faculty Member Application/Self Nomination Form
- 2) Updated CV Resume
- 3) Scanned Business Card
- 4) Scanned Passport Copy
- 5) Scanned Swiss Residential ID

#### How & Where to Send all Documents:

- Please complete each section of this application form as fully as possible.
- Application form can be typed or your own hand written.

 Please Email completed this Application Forms to the Academic Program Dean, <u>dean@sgsb.swiss</u>

