

CABCIN - Establishment of Capacity Building Centers as a sustainable solution to raise the standards of teaching staff in Indian HEIs



Teaching skills improvement training: Personal Development and Intellectual Honesty

Application form							
1. Personal details							
Name (first, middle, last)	:						
Gender:			Birth date (dd/mm/yyyy):				
Email address:							
Telephone numbers: Office:			Mobile:				
Current work position:							
School:			Department:				
Academic designation:			Academic discipline:				
2.Metrics							
2.1 Academic teaching experience							
In current institution: (years) In total (years)							
2.2 Professional (non-academic) experience							
Position	Main responsibilities				Years		
2.3 Educational/professional qualification (including teaching certificate if any)							
Institution	Degree	Subject [Duration	Ouration		
2.4 Have you ever participated in courses related to improving <u>your</u> teaching capacity?Yes/ No							
If yes, please provide fur	ther information:						
Name of course			Duration (hours) Year		f attendance		

3. Perceived level of skills mastering

	Not important		Very important		
At the academic teacher's work it is	1	2	3	4	5
important to follow the end,					
regardless of the consequences to					
which a given thought may lead.					
At the academic teacher's work it is	1	2	3	4	5
important not to avoid difficult					
questions, seeking answers to					
them					
At the academic teacher's work it is	1	2	3	4	5
important not to provide					
uncertain, untested information					
At the academic teacher's work it is	1	2	3	4	5
important to be open to criticism					
of your own and other people's					
views					
At the academic teacher's work it is	1	2	3	4	5
important to expect justification					
and not to express indignation					
At the academic teacher's work it is	1	2	3	4	5
important to raise doubts about					
the truth of some theories					
At the academic teacher's work it is	1	2	3	4	5
important to avoid investigative					
details in scientific research					

I hereby declare that the information provided is	true and correct to the best of my knowledge. I
authorize the CABCIN partnership to disclose, if n	eeded, in a confidential manner of any information
supplied in this application to the Head of my Dep	partment or Dean of the School.
Signature	Date
Signature	Date

Thank you for applying CABCIN Team