

**Honorary Academic Appointment
Application - SMPH Supplementary Form**

Name of Applicant:

Local Health District (LHD) Employee:

Yes

No

Hunter New England

Central Coast

Mid North Coast

Other

Discipline:

Choose an item.

Application Endorsement:

I have discussed with the applicant and endorse this application for an Honorary academic appointment with the University of Newcastle at the following level:

Honorary Category:

Choose an item.

Honorary Appointment:

Choose an item.

By ticking the appropriate box below, I indicate that I have met with the applicant and am happy to endorse them for an Honorary Academic Appointment with the University of Newcastle.

Head of Discipline/Clinical Dean

Leader, HMRI Research Program

Signature:

Name:

Date:

Comment(s) in support of this application. Completion of this field is mandatory.

Please submit your complete application to: SMPH Conjoint Office smph-conjoint@newcastle.edu.au

Please note, handwritten applications will not be accepted.