

Name of Applicant:

Application Category:Initial Appointment Promotion Reappointment Local Health District (LHD) Employee: Yes No **If Yes:**Hunter New England Central Coast Mid North Coast Other **Discipline:**

Please select:

Application Endorsement:

I have discussed with the applicant and endorse this application for a Conjoint appointment with the University of Newcastle at the following level (as per [FHEAM University Conjoint Applications Criteria](#));

Fellow (tick most applicable)(Research Teaching)Lecturer Senior
Lecturer Associate
Professor Professor Professor of
Practice

By ticking the appropriate box below, I indicate that I have met with the applicant and am happy to endorse them for a Conjoint appointment with the University of Newcastle.

Head of Discipline/Clinical Dean Director Priority Research/Clinical Centre

Signature:

Name:

Date:

Comment:

Please refer to the SMPH document '[Application Endorsement](#)'

Prior to submitting your application, please ensure that you have read the SMPH document '[Guidelines for Submitting Your Conjoint Application](#)'

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

Please note, handwritten applications will not be accepted.