Application form



INSTRUCTIONS

Before completing this form, please read the University of Newcastle's Honorary Academic Titles Policy and **Honorary Appointments Procedure.**

This form can be completed for new applications for honorary appointments.

The University of Newcastle abides by the Privacy and Personal Information Protection Act (NSW) 1998 and the Health Records and Information Privacy Act (NSW) 2002 in the protection of your privacy in the collection, storage, access, use and disclosure of your personal and health information as outlined in the University's Privacy Management Plan.

Section 1: Application	details	
To determine the appropria	te honorary appointment ca	ategory, refer to the Honorary Academic Titles Schedule.
Honorary Category:		
Honorary Appointment Titl	le:	
College/Division:		
School/Unit:		
Section 2: Candidate in	nformation	
Candidate title:	First name:	Surname:
Email address:		
Postal address:		
Date of birth:	Emergency c	ontact:
Gender:	Do you iden	tify as:
Current employer:		Employer category:
Current position:		
Discipline or field:		
ORCID iD:		

Section 3: Qualifications (this section is mandatory)

Certified copies of qualifications attached: Yes

Qualification was awarded by the University of Newcastle: Yes Student Number

For awards obtained overseas, please indicate below the qualification level and the country where the qualification was obtained.

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Section 4:	Criteria	this section	is mandatory)

Please demonstrate your achievements relevant to your application in the cateogries of:
Teaching;Research;Engagement.
Inspiring People can be referenced for determining contributions and engagement activities.
Diagon indicate value proposed future contributions.
Please indicate your proposed future contributions:

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Section 5: Curriculum Vitae (CV) (this section is mandatory)		
Property of the second of	Yes	

Section 6: References (only to be completed for appointment to the level of Clinical Professor, Conjoint Professor, Honorary Professor, Adjunct Professor and Adjunct Professor of Practice)

NB: Three (3) written references are required with this application from person(s) of international standing, where at least two (2) of the referees must be external to the University and at a professorial level or equivalent. Written references must be obtained by the Faculty/School office and forwarded with this application.

Have three (3) letters of reference been attached with this application?

Referee title and name	Referee position title	Referee contact details
		Email

Section 7: Contribution and support (Head of School or University delegate to complete)

Please indicate the primary function of this appointment:

Please select below the areas of contribution applicable to this application:

Small group teaching and tutoring Preparing and presenting fixed resource

sessions or lectures.

Working problem tutoring Preparing and marking written assessments

Viva assessment University postgraduate supervision

(coursework and research)

Attendance at Faculty or School Committee

meetings

Curriculum development

Research Other or special projects

Please enter details regarding other contributions or special projects:

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Section 8: Indicativ		
The resources avail	able for this appointment will	be confirmed in the Letter of Offer.
Please indicate any	specific requirements for sup	port. For example specialised equipment.
Section Or Condid	lata aaknowladamant	
	late acknowledgment	D. C.
Candidate Name:		Date:
Candidate signatu	re:	
Section 10: Recom	nmendation of Head of Sch	ool or equivalent
Appointment to leve	el/category:	
Head of School:		Date:
Head of School sig	gnature:	
Section 11: Approv	val/recommendation of Pro	Vice-Chancellor
Appointment to leve	el:	
Approve	Not Approve	
Appointment to leve	el:	
Support	Not Support	
Reasons for suppor	ting this application:	
Pro Vice-Chancelle	or:	Date:
Pro Vice-Chancello	or signature:	

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professorial level	
Appointment to level:	
Support Not support	
Reasons for supporting application:	
Pro Vice-Chancellor:	Date:
Pro Vice-Chancellor signature:	
Ocation 40: Americal of Vice Observation	
Section 13: Approval of Vice-Chancellor Appointment to level:	
Appointment to level:	
Approve Not Approve	Date:
Approve Not Approve Reasons for supporting application:	Date:

Section 12: Recommendation of Pro Vice-Chancellor (Academic Excellence) to appointment at





Section 14: Supplementary endorsement for School of Medicine and Public Health (SMPH)

applications only **Application endorsement** I have discussed with the candidate and endorse this application for an honorary appointment at the University of Newcastle. **Head of Discipline:** Date: **Head of Discipline signature: Clinical Dean:** Date: **Clinical Dean Signature:** For candidates who do not have a current clinical appointment Head of Discipline or HMRI Research Program Leader Date: **Head of Discipline or HMRI Research Program Leader signature:**