

HONORARY ACADEMIC APPOINTMENT 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 appropriate honorary appointment category, refer to the [Honorary Academic Titles Schedule](#).

Honorary Category:

Honorary Appointment Title:

College/Division:

School/Unit:

Section 2: Candidate information

Candidate title:

First name:

Surname:

Email address:

Postal address:

Date of birth:

Emergency contact:

Gender:

Do you identify as:

Mobile No.:

Note: Mobile will be used to inform candidate of when appointment expires, or is nearing completion

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 categories of:

- Teaching;
- Research;
- Engagement.

[Inspiring People](#) can be referenced for determining contributions and engagement activities.

Please indicate your proposed future contributions:

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Section 5: Curriculum Vitae (CV) (this section is mandatory)

Have you attached your CV with your email application? 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? Yes

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: Indicative support

The resources available for this appointment will be confirmed in the Letter of Offer.

Please indicate any specific requirements for support. For example specialised equipment.

Section 9: Candidate acknowledgment

Candidate Name:

Date:

Candidate signature:

Section 10: Recommendation of Head of School or equivalent

Appointment to level/category:

Head of School comments:

Head of School:

Date:

Head of School signature:

Section 11: Approval/recommendation of Pro Vice-Chancellor

Appointment to level:

Approve

Not Approve

Appointment to level:

Support

Not Support

Reasons for supporting this application:

Pro Vice-Chancellor:

Date:

Pro Vice-Chancellor signature:

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Section 12: Recommendation of Deputy Vice-Chancellor (Academic) to appointment at professorial level

Appointment to level:

Support Not support

Reasons for supporting application:

Deputy Vice-Chancellor:

Date:

Deputy Vice-Chancellor signature:

Section 13: Approval of Vice-Chancellor

Appointment to level:

Approve Not Approve

Reasons for supporting application:

Vice-Chancellor:

Date:

Vice-Chancellor signature:

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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: