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 of	details	
To determine the appropriat	e honorary appointmen	t category, refer to the Honorary Academic Titles Schedule.
Honorary Category:		
Honorary Appointment Title	e:	
College/Division:		
School/Unit:		
Section 2: Candidate in	formation	
Candidate title:	First name:	Surname:
Email address:		
Postal address:		
Date of birth:	Emergenc	y contact:
Gender:	Do you io	lentify 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:

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.

Application form



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:

Application form



Section 5: Curriculum Vitae (CV) (this section is mandatory)	<i>(</i>)	
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?

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:

Application form

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:	
riead 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:	

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

Application form



professorial level	
Appointment to level:	
Support Not support	
Reasons for supporting application:	
Deputy Vice-Chancellor:	Date:
Deputy Vice-Chancellor signature:	
Castian 42: Annuaval of Vice Chancellar	
Section 13: Approval of Vice-Chancellor Appointment to level:	
Appointment to level:	
Appointment to level:	
Approve Not Approve	Date:
Approve Not Approve Reasons for supporting application:	Date:





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: Head of Discipline signature: Clinical Dean: 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: