

APPLICATION FOR CONVERSION

ACADEMIC STAFF



Please complete this form when applying for conversion of fixed term to continuing employment. Staff member to complete section 1 to 4 and forward to Supervisor.

Name				
Position				Attach PD ☐
School/Unit				
College/Division				
Classification	Academic Level		Step	

1. RIGHT TO APPLY FOR CONVERSION

Our [Enterprise Agreement](#) provides fixed term staff with a right to apply for conversion if certain criteria are met. Please select which of the following applies to you.

	YES	NO
Were you employed in the fixed term position through a competitive and open selection process?	☐	☐
Have you been employed in the fixed term position for more than 12 months?	☐	☐
Have you been offered further fixed term employment?	☐	☐

2. EVIDENCE TO SUPPORT CONVERSION APPLICATION

Please attach:

- Evidence of interview for fixed term position
- Statement addressing Position Description essential criteria (if not appointed via competitive selection process)
- Email notification/manager correspondence offering further fixed term appointment
- APP reports (MyHR)
- Research performance reports (Academic Dashboard)
- Teaching feedback scores (Academic Dashboard)
- Student load data for discipline and courses taught by staff member for past 2 to 3 years
- Student/staff ratios for school/Division for past 2 to 3 years

3. IS THE POSITION 'ONGOING IN NATURE'?	YES ☐	NO ☐
Explain what has changed in your Unit/School that has resulted in the fixed term position being required on a continuing basis.		

4. FURTHER DETAILS	
Are there any further details that should be considered in this application for conversion.	
Staff Member Signature	Date

5. SUPERVISOR TO COMPLETE	YES ☐	NO ☐
Is application for conversion supported?	☐	☐
Is there a continuing position in budget for the staff member to be converted to?	☐	☐
Comments		
Name and Title		
Signature	Date	

6. HEAD OF SCHOOL/HEAD OF DISCIPLINE TO COMPLETE	YES ☐	NO ☐
Is this application supported for conversion?		
Name and Title		
Signature	Date	



Forward completed and signed form
to your [HR Advisor](#)

7. ASSESSMENT - to be completed by Human Resources

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Name and Title

Signature

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Date

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8. OUTCOME – to be completed by Delegate

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Signature

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Date

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