

**Honorary Academic Appointment  
Application - SMPH Supplementary Form**

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**Name of Applicant:**

**Local Health District (LHD) Employee:**      Yes                       No

Hunter New England                       Central Coast                       Mid North Coast

Other

**Discipline:**

Choose an item.

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**Application Endorsement:**

I have discussed with the applicant and endorse this application for an Honorary academic appointment with the University of Newcastle at the following level:

Honorary Category:

Choose an item.

Honorary Appointment:

Choose an item.

By ticking the appropriate box below, I indicate that I have met with the applicant and am happy to endorse them for an Honorary Academic Appointment with the University of Newcastle.

Head of Discipline/Clinical Dean

Leader, HMRI Research Program

**Signature:**

**Name:**

**Date:**

**Comment(s) in support of this application. Completion of this field is mandatory.**

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Please submit your complete application to: SMPH Conjoint Office [smph-conjoint@newcastle.edu.au](mailto:smph-conjoint@newcastle.edu.au)

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***Please note, handwritten applications will not be accepted.***