

Honorary Academic Appointment Application
School of Nursing and Midwifery Supplementary Form

Name of Applicant:

Local Health District (LHD) Employee:

Yes ☐

No ☐

Hunter New England ☐

Central Coast ☐

Mid North Coast ☐

Other ☐

Discipline:

Choose an item.

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.

Please submit your complete application to: SoNM Office sonm-hos@newcastle.edu.au

Please note, handwritten applications will not be accepted.