



Adjunct Levels D - E and Clinical Nomination Renewal Form
Academic Staff
Human Resource Services

When completing this form, please refer to the Honorary Appointments Procedures information on the [UNE Policies Page](#).

PART A: Personal Details – Nominee to complete

Surname: _____ Given Names: _____ Title: _____

Phone number/s: _____ Email: _____

Nominee’s mailing address:

Date of Birth: _____ Male Female UNE Staff Number: _____

PART B: Nominee Profile – Nominee to complete

The University places great value on its honorary staff and as such recognises the importance of acknowledging your appointment and showcasing the expertise and experience you provide to our staff and students.

It is therefore requested that you provide *updated profile information* if there have been any changes since your initial appointment as an honorary staff member at UNE

SCHOOL TO UPLOAD PROFILE INFORMATION (if applicable)

Profile Link: _____

Profile Information:

PART C: Nomination – School to complete

UNE School/Directorate/Research Centre: _____

Nominee's UNE Academic contact: _____ Contact Details: _____

Consent of UNE staff member to act as Academic contact:

Please indicate any conflict of interest: _____

PART D: Proposed Reappointment – School to complete

Select one option from drop-down list below:

Reappointment – Curriculum Vitae not required.

The appointment is for a period of _____ .

Proposed Dates of Appointment

Start date: _____ End date: _____ *(no longer than five years)*

End date of current appointment: _____

Note: Honoraries **must not** hold a position at UNE from the commencement date of their Honorary Appointment.

PART E: Outcomes of Previous Appointment – Nominee to complete

Please ensure that contributions listed are not paid contributions.

Postgraduate Supervision: **Yes** **No**

Details:

Teaching:

Details: **Yes** **No**

Research Collaboration:

Details: **Yes** **No**

Other proposed contribution:

PART F: Purpose and Proposed Outcomes of Appointment – Nominee to complete

Please ensure that contributions listed are not paid contributions.

Postgraduate Supervision: **Yes** **No**

Details:

Teaching: **Yes** **No**

Details:

Research Collaboration: **Yes** **No**

Details:

Other proposed contribution:

Please submit this form to the appropriate School:

Arts – artshos@une.edu.au

BCSS – bcsshos@une.edu.au

ERS – ershr@une.edu.au

Science and Tech – hos-st@une.edu.au

Humanities – headshum@une.edu.au

UNE Business – hosbusiness@une.edu.au

Education – hosedu@une.edu.au

Health – hoshealth@une.edu.au

Law – hoslaw@une.edu.au

Ag. Law – hoslaw@une.edu.au

Rural Medicine – hosmed@une.edu.au

Oorala – director-oorala@une.edu.au

PART G: Case for Proposed Level of Reappointment – Head of School to complete

Evaluative comment from Head of School/Director:

Head of School to enter comments:

- *Evaluating proposed outcomes*
- *Noting how the appointment will advance the University's contribution to research, teaching community or professional service or the University's links with industry or government*
- *If applicable, justifying level of appointment*

PART H: Head of School/Director Endorsement

I endorse the nomination for this Adjunct/Clinical Appointment.

Name

Signature

Date

If endorsed please email form to pdvc-administration@une.edu.au

PART I: Provost and Deputy Vice-Chancellor Approval

I approve the nomination for this Adjunct/Clinical Appointment.

I do not approve the nomination for this Adjunct/Clinical Appointment.

Name

Signature

Date

If approved please email form to hr-services@une.edu.au

HRS32

Updated: 01/07/2016