



Visiting Nomination or Renewal Form

Human Resource Services

When completing this form, please refer to the [Honorary Appointments](#) web page.

PART A: Visiting Research Student, Visiting Academic (Research) - Nominee to complete

Select one option:

Please note: All visitors will be required to apply for a [Temporary Activity Visa \(Subclass 408\)](#).

PART B: Nomination – School to complete

Surname:

Given Names:

Title:

Phone number/s:

Email:

Nominee's mailing address:

Name of Home Institution:

Date of Birth:

Male

Female

Full names and date of birth of family accompanying Visiting Academic (where a visa application is required: Secondary Visa Holders):

PART C: Nomination – School to complete

UNE School/Directorate/Research Centre:

Nominee's UNE Academic contact and supervisor:

Contact Details of supervisor
(email, phone):

Consent (signature) of UNE staff member to
act as Academic contact:

PART D: Proposed Appointment – School to complete

Proposed dates of appointment: (no longer than 12 months from start date)

Start date:

End date:

PART E: Purpose and Proposed Outcomes of Appointment – School to complete

For example: Investigation of....
Contribution to xx publications
Guest lecture in xx

Please provide details below and attach draft duty statement. Human Resource Services will use this information to issue the Confirmation of Invitation letter.

Please ensure that contributions listed are not paid contributions.

Name of project/grant the visitor will be contributing towards?

What will the visitor need access to? For example; school area/buildings/labs

How will the operational costs be funded?

How will salary, living expenses and travel be funded?

If ARC Grant Funding is to be used to fund any part of this visit, the Operations/Business Manager is required to sign off on this appointment before this form is submitted to Human Resource Services.

Signature of Operations/Business Manager

Date

PART F: School/Director Approval

I approve the nomination for this Visiting Appointment.

Name

Signature of Head of School

Date