

# REQUEST FOR ENTRY ONTO THE REGISTER OF ELIGIBLE SUPERVISORS



## TO BE COMPLETED BY UNIVERSITY OF ADELAIDE ACADEMIC STAFF, AFFILIATES AND TITLEHOLDERS

RMO FILE NO. \_\_\_\_\_ (\*Delete where appropriate)

Title : \_\_\_\_\_ Family Name : \_\_\_\_\_ Given Names : \_\_\_\_\_

Preferred Name (if different) : \_\_\_\_\_ Date of Birth : \_\_\_\_\_ Gender : \*Male/\*Female

Academic Staff

Affiliate

Titleholder

### Please Note

If you are/have been a Student or Staff Member, Examiner or Titleholder (Adjunct/Affiliate/Clinical) at the University of Adelaide, you may already have been assigned an Employment ID or ID. Similarly if you are/have been known under a different Family name, you may exist in the University records, under your other name.

To ensure that a duplicate record is not created please include your Emp ID or ID, or former Family name here: \_\_\_\_\_

### Contact Details

Email Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_ Country (if outside Australia): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_ Country (if outside Australia): \_\_\_\_\_

Home Address (Optional): \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_ Country (if outside Australia): \_\_\_\_\_

### Training/Experience (tick as required)

If you are applying to be a Principal Supervisor and request exemption from the normal training or mentoring programs please indicate the nature, level and University where you gained your experience

Principal Supervisor of PhD candidates

No of students

Principal Supervisor of research Master candidates

No of students

Institution \_\_\_\_\_

### Highest Qualification

PhD

Research Master

Other

Please read <https://www.adelaide.edu.au/policies/2063> before completing. If requesting 'Principal Supervisor' status please attach a letter stating the evidence to be used by your Faculty in agreeing to this level.

## DECLARATION

I DECLARE that in providing the above information, I am seeking to be entered onto the University of Adelaide's **Register of Eligible Supervisors**. I understand that it is a condition of my initial and continuing entry onto the **Register** that I will read, understand and abide by the rules, policies and guidelines of the University and in particular those at: <https://www.adelaide.edu.au/policies/2063> and in the Research Student Handbook at: <http://www.adelaide.edu.au/graduatecentre/handbook>.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

## Faculty/School/Discipline Certification

The Supervisor is to be attached to the following:

School: \_\_\_\_\_ Discipline: \_\_\_\_\_

To supervise students at the following level:

Principal Supervisor

PhD and Research Master/ **OR** Research Master only **(circle as appropriate)**

Co-Supervisor

PhD and Research Master/ **OR** Research Master only **(circle as appropriate)**

\_\_\_\_\_  
Name of PGC or Head of School /Discipline

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Executive Dean of Faculty

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Lodgement of Application

Your application form, complete with signed Faculty/School/Discipline Certification, should be returned to the Adelaide Graduate Centre, Level 6, 115 Grenfell Street

## Enquiries

Telephone: (08) 8303 5882 OR Email: [graduate.centre@adelaide.edu.au](mailto:graduate.centre@adelaide.edu.au)

## Dean of Graduate Studies Approval

\_\_\_\_\_  
\*Dean of Graduate Studies

\_\_\_\_\_  
Date

## For Office Use Only

Name of student(s) to be supervised:  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor confirmation letter sent

Added to Supervisor Register

Review date \_\_\_\_\_

Search/Match Check

Empl ID \_\_\_\_\_

Added to Instructor/Advisor Table

Added to hdrsupervisor mailing list

Referred for addition to student record

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Comments