

TITLE

CONFERRAL OF TITLE REQUEST FORM

PLEASE COMPLETE AND FORWARD TO: HEAD OF SCHOOL/BRANCH MANAGER



This form is to be used to request the conferral of an honorary academic or non-academic title. Please refer to the guidelines at http://www.adelaide.edu.au/hr/policies/appt_titles/

STAFF MEMBER DETAILS (PLEASE USE BLOCK CAPITALS)

Staff ID: _____ School/Branch: Work phone:

Title: Family name: Given names (*in full*):

Email: Preferred Name:

Date of birth: Male Female Citizenship:

Home/postal address:

City: State: Postcode:

Place of current employment:

Position held:

Employment address:

City: State: Postcode:

TITLE REQUESTED

School/Branch in which it is proposed the title will be held:

Period of title from (*maximum period of 3 years*): to:

Title Sought Clinical Affiliate Adjunct Visiting Field

Level Sought Professor * Associate Professor Senior Lecturer Lecturer Associate

Associate Lecturer Research Fellow Fellow Associate

* If this title is to be awarded as a Professor please advise of the nominated committee

(Refer to Clause 3.1 of the Guidelines at http://www.adelaide.edu.au/hr/policies/appt_titles/)

AUTHORISATION

As required, I have attached a current curriculum vitae which includes qualifications, recent relevant teaching and/or research experience (*last five to 10 years*), and a list of publications (*if appropriate*).

I have read the University's Policy for Conferring Honorary Roles and, should my application be successful, I certify that when undertaking work on behalf of the University: (a) I will comply with University policies or codes of practice (b) I will not use the intellectual property, including copyright, of any third party in the work I undertake. Further, I understand that if appointed as a titleholder I will not have the authority to bind the University to any agreement, contract or other legally binding instrument.

Applicant's signature: Date:

Please retain a copy for your records

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Authorised by	Director, Human Resources	Review Date:	Page 1 of 1
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