

# TITLE

CONFERRAL OF TITLES APPLICATION FORM

PLEASE COMPLETE AND FORWARD TO:

HUMAN RESOURCES BRANCH  
DIVISION OF SERVICES AND RESOURCES



THE UNIVERSITY  
OF ADELAIDE  
AUSTRALIA

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/](http://www.adelaide.edu.au/hr/policies/appt_titles/)

## APPLICANT DETAILS (PLEASE USE BLOCK LETTERS)

Staff ID: \_\_\_\_\_ School/Branch: \_\_\_\_\_ Work phone: \_\_\_\_\_

Title: \_\_\_\_\_ Family name: \_\_\_\_\_ Given names (in full): \_\_\_\_\_

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: \_\_\_\_\_ to: \_\_\_\_\_

Title Sought  Clinical  Affiliate  Adjunct  Visiting  Field

Level Sought  Professor \*  Associate Professor  Senior Lecturer  Lecturer

Associate Lecturer  Research Fellow  Fellow

\* 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/](http://www.adelaide.edu.au/hr/policies/appt_titles/))

## AUTHORISATION (ALL SIGNATURES ARE REQUIRED)

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 Academic and Non-Academic Titles 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*

Executive Dean, Faculty of: \_\_\_\_\_

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

Head of School/Branch Manager

Executive Manager

Name (please print): \_\_\_\_\_

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

