

Recommendation to Appoint

Adjunct Associate Lecturer/Lecturer/Senior Lecturer
 Adjunct Associate Professor/Professor
 Adjunct Research Associate
 Adjunct Research Fellow/Senior Research Fellow
 Adjunct Associate Research Professor/Research Professor

Admin Contact Person in Faculty/School/Centre

Name	Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant Details (Current CV of applicant MUST be attached when submitting this form)

Courtesy Title	Given Name(s)	Family Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Telephone Number	Email Address (non CSU)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender Male Female Unspecified

Address (non CSU)

Line 2

City	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Appointment details

New appointment Renewal Staff Number

Position Title	Campus
<input type="text"/>	<input type="text"/>

Faculty/Division/Office	School/Section/Centre
<input type="text"/>	<input type="text"/>

Appointment From	Appointment to (Max 5 years)	Notional Appointment Fraction % What is this?
<input type="text"/>	<input type="text"/>	<input type="text"/>

Field of Research Code 1	FOR 1 %	Field of Research Code 2	FOR 2 %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Supervisor	Supervisor's Email Address
<input type="text"/>	<input type="text"/>

Duties to be undertaken

Any charges incurred by the appointee during the duration of their visit e.g. internet usage costs, should be charged to account code:

<input type="text"/>	<input type="text"/>
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If "Other" please describe the main tasks/activities (max 250 characters):

PrivilegesLibrary Services (CSU card required) Yes NoIT Access Yes NoOn-site Building & Facilities Access Yes No
(CSU card required)**Endorsement, Recommendation and Authorisation****Endorsement:***Endorsement of the Head of School/Director before submitting for approval. Attach applicant's CV to email when submitting.***Head of School/
Director**_____
Name_____
Signature_____
Date**Recommendation and Authorisation:***Submit to Executive Dean/Centre Director for approval of Adjunct Associate Lecturer, Adjunct Lecturer, Adjunct Senior Lecturer, Adjunct Research Associate, Adjunct Research Fellow, Adjunct Senior Research Fellow and recommendation for Adjunct Associate Professor, Adjunct Professor, Adjunct Associate Research Professor and Adjunct Research Professor.*

In the event that the appointee incurs any work-related costs whilst associate with the University, I hereby guarantee that the Faculty/School/Section/Centre will accept responsibility for payment of same.

**Executive Dean or
Centre Director**_____
Name_____
Signature_____
Date*Submit to appropriate DVC for approval of Adjunct Associate Professor, Adjunct Professor, Adjunct Associate Research Professor and Adjunct Research Professor.***Deputy Vice-Chancellor**_____
Name_____
Signature_____
Date

Following approvals