

## Honorary Adjunct Application Form

*\*indicates non-mandatory field. Please note: you may be asked for this information at a later stage*

CANDIDATE			
Surname:			
Given names:		Preferred Name:	
Title:	*DOB:		*Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Home address:			
Suburb:		State:	Postcode:
Postal address (if different):			
Suburb:		State:	Postcode:
Phone:		Mobile:	
Email address:			
Emergency contact person:		Relationship:	
Emergency contact address:		Mobile:	
*Australian citizen: Yes <input type="checkbox"/> No <input type="checkbox"/> (If no: copy of passport and visa grant notice required)			
*Country of birth (if not Australia):			
*Aboriginal or Torres Strait Islander: Yes <input type="checkbox"/> No <input type="checkbox"/>		*First language spoken at home if not English:	
FACULTY / OFFICE TO COMPLETE: RECOMMENDATION BY HSM COMMITTEE			
Level Honorary title (requires VC Approval)	<input type="checkbox"/> Professor <input type="checkbox"/> Associate Professor	Position number	
Level Honorary title (requires Dean Approval)		Position number	
Reports to		Position number	
Period of Honorary appointment	Start date: End date:	Special clauses (if yes attach required information)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Work function			
<input type="checkbox"/> HSM – Health Sciences	U1HSMHEALSACADM	<input type="checkbox"/> HSM – Medicine	U1HSMMEDICACADM
APPROVALS			
Executive Dean		Date	
Vice-Chancellor		Date	
Human Resources		Date	

CANDIDATE QUALIFICATIONS			
<b>Date awarded</b>	<b>Name of award</b>	<b>Institution</b>	<b>Location</b> (City, Country)
CURRENT PROFESSIONAL EMPLOYMENT			
<b>Profession:</b>	<input type="text"/>	<b>If other profession please state:</b>	
<b>Specialisation:</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify:
<b>Based at:</b>			
<b>Address:</b>			
OTHER PROFESSIONAL EMPLOYMENT			
<b>Period</b> (Month & Year)	<b>Title</b>	<b>Institution</b>	<b>Location</b> (City, Country)
PROFESSIONAL REGISTRATION/S (e.g. FRACP)			
<b>Date received</b>	<b>Type</b>		
CANDIDATE SPONSOR AND REFEREE DETAILS			
<b>Sponsor details:</b> Your sponsor must be a current Bond University staff member or Health Professional associated with Bond University. Please attach their completed Nomination Form to your application.		<b>Referee details:</b> Please provide the information of a senior practitioner and attach their Letter of Reference to your application.	
<b>Name and title:</b>		<b>Name and title:</b>	
<b>Facility/Department:</b>		<b>Facility/Department:</b>	

AREAS OF INTEREST – Please indicate which activities you are willing to participate in:			
Activities	Bond University (on campus)	In clinic / office / hospital	Online
Supervising students on placements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tutoring individual students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tutoring small groups of students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acting as a mentor to students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivering lectures or other learning activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement with Assessment – eg writing items, standard setting, marking, OSCE examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research and Student Research Projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in the interview selection process for students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing on-line resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serving on a Faculty committee (specify interest):			
Develop / review curriculum support materials:			

**IMPORTANT: YOUR APPLICATION CANNOT BE APPROVED UNLESS YOU ATTACH THE FOLLOWING –**

- Evidence of professional indemnity insurance, if applicable
- Completed Nomination Form from your **sponsor**
- Letter of Reference from your referee (senior colleague)
- Curriculum Vitae
- Passport page as evidence of Australian citizenship/residency
- Passport/Visa grant notice if not an Australian citizen or resident
- A short written statement outlining the benefits to the Faculty

Please note that for application at all levels above Honorary Adjunct Assistant Professor the written statement must identify the level of appointment sought and explain why the applicant believes they meet the criteria for appointment at that level.

Refer to [Title Criteria and Medical Program Matrix](#) and [Information for those seeking appointment at a level of Associate Professor or Professor](#)