

## 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      Female	
Home address:			
Suburb:		State:	Postcode:
Postal address (if different):			
Suburb:		State:	Postcode:
Phone:		Mobile:	
Email address:			
Australian citizen:      Yes                  No                  If no, please attach visa detail			
*Country of birth (if not Australia):			
*Aboriginal or Torres Strait Islander:		*First language spoken at home if not English:	
CANDIDATE QUALIFICATIONS			
Date awarded	Name of award	Institution	Location (City, Country)
CURRENT PROFESSIONAL EMPLOYMENT			
Profession:		If other profession, please state:	
Specialisation:    No                  Yes                  Please specify if applicable:			
Employer:			
Address:			

OTHER PROFESSIONAL EMPLOYMENT			
Period (Month & Year)	Title	Institution	Location (City, Country)
PROFESSIONAL REGISTRATION/S (e.g. FRACP)			
Date received	Type		
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: (Contribution would normally be expected to be 10 to 20 hours per year)			
Activities			
Supervising students on placements			
Tutoring individual students			
Tutoring small groups of students			
Acting as a mentor to students			
Delivering lectures or other learning activities			
Involvement with assessment – e.g. writing items, standard setting, marking			
Involvement with assessment – e.g. OSCE examinations			
Participation in the interview selection process for students			
Research and student research projects			
Develop / review curriculum materials and on-line resources			

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

- Evidence of professional indemnity insurance if based overseas
- 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](#)

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)	
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	