Request to confer an honorary title

Honorary / Adjunct / Visiting / Clinical / Conjoint

NOTE

**NB:** This process must not be used if the only purpose is to give an individual OneID and access to systems. Please contact IT Help to request a sponsored OneID for individuals who do not meet the requirements of an honorary academic title.

Use this form to request the conferral or renewal of the following honorary academic titles:

* Honorary
* Adjunct
* Visiting
* Clinical
* Conjoint

Please refer to the [Honorary Academic Titles Policy](http://www.mq.edu.au/policy/docs/honorary_academic_titles/policy.html), [Schedule](http://www.mq.edu.au/policy/docs/honorary_academic_titles/schedule.pdf) and [Procedure](http://www.mq.edu.au/policy/docs/honorary_academic_titles/procedure.html) before completing this form.

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1. DETAILS OF INDIVIDUAL TO BE CONFERRED

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title | Click or tap here to enter text. | First name | Click or tap here to enter text. | | | |
|  | | | | | | |
| Surname | Click or tap here to enter text. | Preferred name (if different) | Click or tap here to enter text. | | | |
|  | | | | | | |
| Contact address | Click or tap here to enter text. | Email | Click or tap here to enter text. | | | |
|  | | | | | | |
| Mobile | Click or tap here to enter text. | Phone | Click or tap here to enter text. | | | |
|  | | | | | | |
| Date of birth | Click or tap here to enter text. | Gender | Male | Female | | Other |
|  | | | | | | |
| Current employer (if applicable) | | Click or tap here to enter text. | | | | |
| Current position title (if applicable) | | Click or tap here to enter text. | | | | |
|  | | | | | | |
| Details of any appointments at Macquarie University | | Click or tap here to enter text. | | | | |
| OneID number (if previously held) | | Click or tap here to enter text. | | | | |
|  | | | | | | |
| Is this a new title or a renewal? | | | New title | | Renewal | |

1. HOST AREA

|  |  |  |  |
| --- | --- | --- | --- |
| Faculty / Office | Click or tap here to enter text. | Department | Click or tap here to enter text. |
|  | | | |
| Administrator | Click or tap here to enter text. | Phone | Click or tap here to enter text. |

1. PERSON RECOMMENDING CONFERRAL

|  |  |  |  |
| --- | --- | --- | --- |
| Full name | Click or tap here to enter text. | Position | Click or tap here to enter text. |
|  | | | |
| Email | Click or tap here to enter text. | Phone | Click or tap here to enter text. |

1. PROPOSED TITLE AND LEVEL TO BE CONFERRED (select ONE only)

|  |  |  |  |
| --- | --- | --- | --- |
| Honorary titles | Honorary Professor (E) | These titles are to be used for an academic who is:   * retired from Macquarie University, or * current or retired staff member of another university. | |
| Honorary Associate Professor (D) |
| Honorary Senior Lecturer (C) |
| Honorary Lecturer (B) |
| Honorary Associate Lecturer (A) |
| Honorary Senior Research Fellow (C) |
| Honorary Research Fellow (B) |
| Honorary Postdoctoral Fellow (A) |
|  | | |
| Honorary Postdoctoral Associate | Macquarie PhD graduate (up to 12 months after graduation) | |
|  | | | |
| Adjunct titles | Adjunct Fellow (A-E) | Professional from industry | |
| *Adjunct Professor (E)* | *To be used in exceptional circumstances by approval of the VC* | |
|  | | | |
| Visiting titles | Visiting Professor (E) | Academic from another university / educational or research organisation on a short-term visit to Macquarie University | |
| Visiting Associate Professor (D) |
| Visiting Fellow (A-C) |
|  | | | |
| Conjoint titles | Conjoint Professor (E) | Individuals employed by an organisation that has a formal affiliation with Macquarie University.  Please provide details below: | |
| Conjoint Associate Professor (D) |
| Conjoint Senior Lecturer (C) | Affiliated organisation: | Click or tap here to enter text. |
| Conjoint Lecturer (B) |
| Conjoint Associate Lecturer (A) |
|  | | | |
| Clinical titles | Clinical Professor (E) | Accredited medical and other allied health professionals undertaking clinical work | |
| Clinical Associate Professor (D) |
| Clinical Senior Lecturer (C) |
| Clinical Lecturer (B) |
| Clinical Associate Lecturer (A) |

1. PERIOD OF CONFERRAL

Honorary Postdoctoral Associate and Visiting titles can be conferred for up to 12 months.   
All other titles can be conferred for a period of up to 5 years.

|  |  |  |  |
| --- | --- | --- | --- |
| Start date: | Click or tap to enter a date. | End date: | Click or tap to enter a date. |

1. VISA INFORMATION

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| The individual is: | Australian Citizen / Permanent Resident (go to section 7) | | | | Overseas visitor | |
| **OVERSEAS VISITORS** (see[Immigration Information – visas for visitors](http://staff.mq.edu.au/human_resources/about_hr/immigration_information/training_and_research_visa-subclass_402_research_stream/) for guidance on visa options) | | | | | | |
| Proposed dates of stay in Australia | Arrival: Click or tap to enter a date. | | Departure: Click or tap to enter a date. | | | |
|  | | | | | | |
| Will the University sponsor the individual under 408 Temporary Activity Visa (former 402 Research Stream Visa)? |  | No | | **NB:** Allow up to 4 months for the visa sponsorship process | | |
|  | Yes | |
|  | | | | | | |
| **Visa 408 Temporary Activity only:**  Details of accompanying dependants (if applicable) | Full name | | Relationship to title holder | | | Date of birth |
| Full name | | Relationship to title holder | | | Date of birth |
| Full name | | Relationship to title holder | | | Date of birth |

1. JUSTIFICATION FOR CONFERRAL / RENEWAL OF TITLE

|  |  |
| --- | --- |
| **Justification for the proposed level of title** | |
| Please detail how the person’s qualities, achievements and standing are comparable with those expected of a member of Macquarie University at the academic level proposed (where applicable). | |
| **Benefits of the relationship** | |
| Describe how this relationship will support Macquarie University’s academic activity. | |
| **Expected contributions** | |
| Provide details of contributions that the person is expected to make to the Department / Faculty / Office. | |
|  | |
| Details of research to be undertaken (if applicable) | Click or tap here to enter text. |
|  | |
| Details of student supervision (if applicable) | Click or tap here to enter text. |
| **Past contributions (RENEWALS ONLY)** | |
| Provide details of contributions that the person has made to the Department / Faculty / Office during their previous term of conferment. | |

1. ADDITIONAL PRIVILEGES AND PAYMENTS

All title holders will receive **OneID**, Macquarie University **email account** and **Library access** for the period of their title conferment. Please indicate any additional privileges (if applicable):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Office space: |  | Provide details (if applicable) | System access: |  | Specify system/s (if applicable) |
| Access to labs/ research facilities |  | Provide details (if applicable) | Other: |  | Provide details (if applicable) |

If applicable, provide details of any costs which will be paid for by the host Department / Faculty / Office:

|  |  |  |  |
| --- | --- | --- | --- |
| Travel expenses | $ Specify total amount (AUD) | Provide details | Account code |
| Accommodation expenses | $ Specify total amount (AUD) | Provide details | Account code |
| Living allowance | $ Specify total amount (AUD) | Provide details | Account code |
| Other | $ Specify total amount (AUD) | Provide details | Account code |

1. RECOMMENDATION AND APPROVAL

Conferral of all titles in a Faculty must be recommended by **Head of Department** and approved by **Executive Dean**.

Where the host area is not a Faculty (e.g. a central Office), the request must be approved by a relevant Deputy Vice-Chancellor.   
Where the host area is MGSM, the request must be approved by Dean, MGSM.

|  |  |  |  |
| --- | --- | --- | --- |
| Recommended by: | Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature | \_\_\_ / \_\_\_ / \_\_\_\_ Date |
|  | | | |
| Approved by: | Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature | \_\_\_ / \_\_\_ / \_\_\_\_ Date |

DOCUMENT CHECKLIST

To process conferral of title, prepare and submit to your HR Payroll officer the following documents:

|  |  |  |
| --- | --- | --- |
| **Domestic visitor** |  | **Overseas visitor requiring a visa** |
| This form (signed by the **approver**) | This form (signed by the **approver**) |
| Invitation Letter (signed to indicate acceptance) | Invitation Letter (signed to indicate acceptance) |
| CV and publication record | CV with residential address provided |
| Copy of one of the following to confirm Australian Citizenship/ Permanent Residency:   * Australian passport * International passport with evidence of Australian Permanent Residency * Full Australian birth certificate (for individuals born before 20 August 1986) * Australian birth certificate (for individuals born after 20 August 1986), showing that at least one parent was born in Australia * Australian Citizenship certificate | Copy of passport |
| Additional documents required for 408 Temporary Activity (former 402 Research Stream) visa applicants **only**: |
| Employer Statement (confirming employment status / leave period) |
| Evidence of financial assistance (i.e. grants or scholarships) |