



**Recommendation**

To (Dean): \_\_\_\_\_ From (Head): \_\_\_\_\_

I recommend the appointment/reappointment of the below person as an Honorary (please circle appropriate academic level or 'Associate.'

Professor / Associate Professor / Reader / Senior Lecturer / Lecturer / Associate Lecturer / or Associate

The appointment will be with the Department/School of: \_\_\_\_\_

for a term of (may be up to 3 years): \_\_\_\_\_ starting on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and ending on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

**Please note:** a retired staff member who is being recommended for honorary appointment may only be appointed to the same academic rank as s/he held at the time of retirement.

**Person's Details**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name/s: \_\_\_\_\_

Home address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Work address: \_\_\_\_\_ Building Code: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Previously or currently an employee of the University (please circle): Yes / No

If 'Yes', please provide staff no. (if known) \_\_\_\_\_ and position details: \_\_\_\_\_

If 'No', please indicate which other institution this person is/was employed by and what position they hold/held:

(tick to confirm) **Full curriculum vitae including employment history & evidence of formal qualifications is attached.**

**Reasons for Appointment**

Please complete details for the appropriate option/s from the four below:

**1. Supervision of postgraduate student/s** – Name of student/s: \_\_\_\_\_

Award Course: \_\_\_\_\_ Semester/Year Commenced: \_\_\_\_\_

Enrolment status (please circle): Full time / Part time

Supervisor's Status (please circle): Supervisor / Associate Supervisor

2. **Lecturing** – Approx. number of hours per year: \_\_\_\_\_ Unit/s of Study (name and code): \_\_\_\_\_

\_\_\_\_\_

3. **Research** – Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. **Other substantial contribution** – Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Special Circumstances/Conditions:** (please also specify any special circumstances, conditions, rights and privileges that are relevant to this appointment)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Name of Head** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Authorisation

The appointment/reappointment is (please circle): Approved / Not approved

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Name of Dean/ Executive Dean** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**The completed appointment form and attached documentation is to be forwarded to HR Service Centre (G12).**

**HR Service Centre Use Only**

Details of this appointment have been checked and recorded as required.

Comments: \_\_\_\_\_

\_\_\_\_\_

***Name of HR Service Centre team member***