

# HONORARY/VISITING ACADEMIC – REQUEST TO INVITE/APPOINT/RENEW

Please send this form to your [Recruitment/HR Advisor](#) in Central HR once completed.

Section 1 – Faculty/Department/ Unit Contact Details				
Faculty/Office:		Department/Budget Unit:		
(A) Details of person nominating honorary/visiting academic				
Name:		Position title:		
(B) Details of the Administrative Contact Officer				
Name:		Position title:	Ext:	

Section 2 – Personal Details of Honorary/Visiting Academic				
Title:		Surname:	Other name(s):	
Home address:				
Work address:				
Work No.:		Home/Mobile:		
Email address:		Date of birth:		
<input type="checkbox"/> Australian Citizen/Permanent Resident		<input type="checkbox"/> Male		
<input type="checkbox"/> International Visitor		<input type="checkbox"/> Female		
Has proof of identity been sighted and a copy attached to this form? (e.g. copy of passport)		<input type="checkbox"/> Yes		
		<input type="checkbox"/> No		

Section 3 – Conferral Details	
To select appropriate title of appointment, please review:	<a href="http://www.mq.edu.au/policy/docs/hon_visiting_academic_appt/policy.html#policy">Honorary, Visiting and Clinical Academic Appointments Policy</a> <a href="http://www.mq.edu.au/policy/docs/hon_visiting_academic_appt/policy.html#policy">http://www.mq.edu.au/policy/docs/hon_visiting_academic_appt/policy.html#policy</a>
Title of Visiting Appointment:	
Conferral start and end date:	

Section 4 – Reasons for Conferral Appointment
(A) Purpose of conferral (please briefly state in one or two sentences the contribution and main responsibilities):
(B) Brief details of <u>research</u> to be undertaken – if applicable:

Section 5 – Conditions, Rights and Privileges (For Faculty/Department/Unit Use)					
<input type="checkbox"/> One ID	<input type="checkbox"/> Email	<input type="checkbox"/> Security access	<input type="checkbox"/> Office space	<input type="checkbox"/> Library access	<input type="checkbox"/> Parking
System/s access or Other – please specify:					

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Section 6 – Costs and Allowances - if applicable		
Provide details of any costs/allowances provided by Faculty/Department/Unit ( <u>Note</u> : the reimbursement or allowance to be managed by the respective Faculty/Department/Unit)		
Type of Reimbursement/Allowance	Total Amount (AUD Only)	Details
Travel Expenses	\$	
Accommodation Expenses	\$	
Per Diem	\$	
Living Allowance	\$	
Other	\$	

Section 7 – International Visitor Passport and Immigration Details			
<b style="color: red;">Immigration Instructions:</b> For International Visitors, please review the information on Policy Central <a href="http://www.mq.edu.au/policy/docs/visa_information/guideline.html">Visa Information Guidelines</a> : <a href="http://www.mq.edu.au/policy/docs/visa_information/guideline.html">http://www.mq.edu.au/policy/docs/visa_information/guideline.html</a> )			
Require 419 visa sponsorship	<input type="checkbox"/> Yes	<input type="checkbox"/> No (request detail of visa type from the Visiting Academic)	
Proposed dates for stay in <u>Australia</u>	Arrival:	Departure:	
Details of accompanying dependents (419 visa only) – if applicable			
Surname	Other name(s)	Relationship to title holder	DOB

Section 8 – Required Documentations to be Attached (Please Select the Appropriate Category)	
Domestic Visitor	International Visitor
<input type="checkbox"/> CV & publication record <input type="checkbox"/> Signed copy of invitation letter <input type="checkbox"/> Copy of <b>one</b> of the ID listed below in confirming domestic status: <ul style="list-style-type: none"> <li>Australian passport details page; or</li> <li>Full Australian birth certificate (born before 20 August 1986); or</li> <li>Australian birth certificate (born after 20 August 1986), showing that at least one parent was born in Australia; or</li> <li>an Australian citizenship certificate.</li> </ul>	<input type="checkbox"/> CV & publication record <input type="checkbox"/> Signed copy of invitation letter <input type="checkbox"/> Visiting Academic Program (419 Visa only) <input type="checkbox"/> Employer Statement (confirming employment status/leave period) <input type="checkbox"/> Evidence of financial assistance - grants/scholarship <input type="checkbox"/> Copy of passport

Section 9 – Authorisation by Delegated Authority			
Recommendation – Head of Department / Unit		Authorisation: Dean or Delegated Officer	
Name:		Name:	
Signature:	Date:	Signature:	Date:

Section 10 – For HR Use Only			
Entered by:		Date:	
		Checked by:	
		Date:	