

# SCHOLARSHIP HOLDERS APPOINTMENT FORM

## AWARD HOLDER TO COMPLETE DETAILS:

Have you ever been employed at the University?  No  Yes - Employee number: \_\_\_\_\_

Are you currently employed in another position in the University?  No  Yes

If yes: Faculty/Office: \_\_\_\_\_  Academic  Professional Level: \_\_\_ Fraction: \_\_\_%

Student No: \_\_\_\_\_ Is this a  Commencement or  Recommencement of study?

Family Name: \_\_\_\_\_ Other Names: \_\_\_\_\_

Title: \_\_\_\_\_ Gender:  Male  Female Date of Birth: \_\_\_/\_\_\_/\_\_\_ Phone (h): \_\_\_\_\_

Home Address: \_\_\_\_\_ State: \_\_\_\_\_ Post code: \_\_\_\_\_

Postal Address: \_\_\_\_\_ State: \_\_\_\_\_ Post code: \_\_\_\_\_

Are you a Permanent Resident?:  Yes  No

Citizenship:  Australia  New Zealand  Other - \* Attach a photocopy of visa from passport

Qualifications (show institution and year awarded): \_\_\_\_\_

Current **Banking Authority** form:  attached **OR**  already supplied this year and unchanged.

Email address (for payslips and Payment Summaries): \_\_\_\_\_

I agree to repay any allowance overpaid to me through my failure to comply with the regulations relating to the relevant Scholarship Award or from any other cause. I am aware of the provisions of the Conditions of the Award, especially those which relate to the notification to an authorised person any matter likely to affect the stipend payable to me.

I acknowledge that my acceptance of each payment will constitute acceptance by me of all relevant conditions attaching to such payment.

I declare that the information supplied by me on this form is complete, true and accurate in every particular.

Signature of Award Holder: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## REGISTRAR'S OFFICE USE ONLY:

Faculty/Office: \_\_\_\_\_ Budget Unit Code: \_ \_ \_ \_

Position No: \_\_\_\_\_ Position Title: \_\_\_\_\_

Commencement date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_  Full-time  Part-time

Rate: \$ \_\_\_\_\_ per annum Tax Exempt:  Yes  No Account No.: \_ \_ \_ \_ \_

Signature (Delegated Officer ): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## HR USE ONLY:

Attachments correct: \_\_\_\_\_ (inits) \_\_\_/\_\_\_/\_\_\_

Processed/entered: \_\_\_\_\_ (inits) \_\_\_/\_\_\_/\_\_\_ Checked: \_\_\_\_\_ (inits) \_\_\_/\_\_\_/\_\_\_