

**This is the nomination form for new appointments for:**

Adjunct Professor  
Adjunct Associate Professor  
Clinical Professor  
Clinical Associate Professor

**Application check list:**

Please make sure this form is fully signed and the following documents attached:

- **A signed and dated** Cover Letter of Support from the appropriate Head of School / Institute / Division. The Cover Letter needs to be signed and dated from Head of School/Institute, and signed and dated by the appropriate Executive Dean or Head of Division. This letter should outline the nominee's expected contributions to the University's work and the anticipated benefits to the University. If the nominee has previously held an adjunct, clinical, associate, or equivalent title with the University of Tasmania, please include a supporting statement of tangible outcomes.
- Current Curriculum Vitae (CV of the nominee) (maximum of 5 pages).
- Combine all documents in one PDF, saved as:  
Adjunct [Position Level] [First Name] [Surname] [School] [College] before submission.
- Send completed form to [Honorary.Titles.Admin@utas.edu.au](mailto:Honorary.Titles.Admin@utas.edu.au)

**1. TITLE CATEGORY – to be completed by the Nominator**

Please Indicate the category of title:

Please see the Adjunct, Clinical and Associate Titles Procedure for information for the intended purpose of each category and the qualifications required: <https://www.utas.edu.au/academic-division/academic-leadership-and-performance/adjunct-and-clinical-titles>

**2. NOMINATOR DETAILS - to be completed by the Nominator**

Name:	
College/School/Institute/Division:	
Email address:	

**3. NOMINEE'S APPOINTMENT DETAILS - to be completed by the Nominator**

Nominee Name and title:	
Hosting /College/School/Institute/Division:	
University Line Manager:	

Appointment Period (max 3 years): ending 31 January OR 31 July

Year ending:

Does this nominee require a visa to participate at the University:

*If yes, please contact your People and Wellbeing team for advice on the process and details of appropriate visas.*

Does this nominee require a Working with Children Registration?

*If yes, please contact your People and Wellbeing team for advice on process.*

### 3.2 Resource Requirements

Use of University/College/School Resources - Please select one or more as appropriate:

*University email account to be used for all communication between the University and the appointee. It is the responsibility of the appointee to redirect emails.*

- None (located off site)
- Regular (office space only)
- Regular (office and high-risk activity)
- Minimal (building and/internet /library access only)
- Other

### 3.3 Primary Reason for Appointment

Please tick relevant primary reason for the appointment and if needed, attach additional information:

- HDR supervision (provide candidate(s) name and project number/title)
- Project collaboration (provide project number(s)/title(s) and brief description)
- Individual research projects and publications (provide detailed plan)
- Strategic opportunity / capacity building (provide detailed justification)
- Other (provide details)

### 3.4 Planned activities during proposed appointment period

Area	Personal Contribution	Deliverables
Grants and consultancies		
Publications		
HDR Supervision		
Teaching		
Other Services		
Insert additional information to outline and support the planned activities here:		

### 3.4 Risk assessment

Low Risk Activities	Please select activity type	Safety & Wellbeing Induction Requirement
Offsite/National/International Collaborator		None, unless arrives on site.
Desk based; office based/classroom-based activities with no high-risk activities. <i>If you are not sure, please check with your Safety &amp; Wellbeing Advisor.</i>		Local Area Induction required on commencement.
Supervision of post grad students		Local Area Induction and may include Research Supervision Training by ORS on commencement.

High Risk Activities	Please select activity type	Safety & Wellbeing Induction Requirement
Laboratory/workshop/studio		Local Area High Risk Induction
Field work		Local Area High Risk Induction
Boating/Diving		Local Area High Risk Induction
Activities involving driving, machinery, or plant operation		Local Area High Risk Induction
Use of Chemicals, hazardous materials etc.		Local Area High Risk Induction
Biosafety / Animal Handling		Local Area High Risk Induction
Other		Local Area High Risk Induction
If other, please detail:		
<i>If in this assessment, the activities are deemed greater than low risk, a formal risk assessment must be undertaken before commencement and in accordance with the University's <a href="#">Risk Management Procedure</a> and <a href="#">Matrix</a> and include appropriate risk controls to eliminate or minimise the risk so far as is reasonably practicable. Further information about Safety &amp; Wellbeing Induction and Training can be found <a href="#">here</a>.</i>		

#### 4. TITLE HOLDER DETAILS - to be completed by the Nominee

Name:	
Home Institution/Organisation:	
Gender:	
Date of birth:	
Email address:	
Mailing address:	
Telephone No:	
Emergency Contact Name:	
Emergency Contact Telephone No.	

*Please read and note the Safety and Wellbeing Information in the next section.*

##### 4.1 Medical Disclosure

Given the description of the contribution being made under this appointment:

Do you have a pre-existing medical condition or injury that would preclude you from carrying out some or all of the duties of the position:

If YES, please provide more information:	
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Are you taking any medication that could affect your health and safety or that of others, whilst undertaking this appointment?

If YES, please provide more information:	
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Approach your nominator to undertake a risk assessment to identify if there are reasonably practical controls available to the University to manage the identified risks to an acceptable level (seek Safety and Wellbeing Advisor support if required).

Is specialist medical or insurance advice required?

If YES, please provide more information:	
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#### 4.1 DECLARATION

*I acknowledge that I have read and understand this document in relation to work in authorised activities on behalf of the University of Tasmania.*

*I undertake to advise the Hosting Organisational Unit head should circumstances change during my appointment that would alter the responses provided above.*

*I have completed the sections of the document relevant to me and I declare that to the best of my knowledge the information given by me is complete and true.*

Name:	
Signature:	
Date:	

#### Safety and Wellbeing Information - for the nominee

##### a) Safety and Wellbeing

The nominee is a volunteer 'worker' for the purposes of the Work Health and Safety Act 2012. In accordance with the *Work Health and Safety Act 2012*, a person undertaking a role with the University is to comply with Section 28 of the Act and while at work must:

- a) take reasonable care for his or her own health and safety; and
- b) take reasonable care that his or her acts or omissions do not adversely affect the health and safety of other persons; and
- c) comply, so far as the worker is reasonably able, with any reasonable instruction that is given by the University to allow the University to comply with this Act; and
- d) co-operate with any reasonable policy or procedure of the University relating to health or safety at the workplace that has been notified to workers. Please consider the University Safety and Wellbeing [policies](#) and [delegations](#).

##### b) Accidents and Injuries

If a person occupying a position is injured, or has an accident during the carrying out of their duties, they must report it immediately using the online [Incident Reporting system](#) or to their Organisational Unit head or delegate.

##### c) Insurance

As the position holder is not an employee of the University of Tasmania, they are not covered by Workers' Compensation insurance.

However, they are covered under the University's Personal Accident Insurance Policy for injuries sustained whilst engaged in authorised activities (Noting an age limit of 80 years and general policy exclusions apply).

Refer to further details of [insurance information](#).

#### Important Notice:

In accordance with the Private Health Insurance Act 2007 the Personal Accident Insurance policy cannot and is not allowed to pay expenses incurred for which a Medicare benefit is payable. The policy will not pay for any doctor or hospital bills or any other medical accounts that have a Medicare benefit. The policy will not pay for any balance of monies due or payable after deduction of any Medicare benefit, commonly referred to as the "Medicare Gap".

For driving, note that if the volunteer is using a private vehicle, then authorisation for use is required from the Organisational Unit Head or delegate and the University's Personal Accident Insurance Policy may not cover him/her.

Refer to further details of [insurance information](#).

**d) General Conditions relating to positions**

As the holder of an affiliate position with the University, a person:

- will not receive any remuneration for affiliate work;
- must not sub-contract work to any other person;
- must obey all reasonable requests made by the Organisational Unit head or Delegate and if a dispute arises, should discuss the issue with the Organisational Unit head or Delegate;
- must comply with all security and office regulations in place at the University;
- shall not represent themselves as employees of the University of Tasmania. The University of Tasmania may terminate affiliate appointments at its sole discretion.

**e) Medical Disclosure**

The University is to be advised of:

- any pre-existing medical condition or injury that would preclude the person from carrying out all of the duties of the position;
- any medication that could affect the person's health and safety or those of others, or the undertaking of their duties.

*Note:* Completion of Medical Disclosure and Authorisation Forms will be required where participating in: laboratory, workshop, or studio work; field activities; or undertaking required driving.