

# Academic Status Holder Program: Application Form

## Application Instructions

- To be completed by the applicant after a discussion and endorsement from their Flinders University Supervisor/ Nominator (Sponsor).
- Upon completion, applicants are to submit this form to their Sponsor with a copy of their updated Curriculum Vitae.
- For better user experience, and to apply a digital signature, fill out this form on Adobe Acrobat ([click here for instructions](#)).

TO BE COMPLETED BY THE APPLICANT

I wish to apply for: Academic Status

Status:

Level A - E:

Other\*\*

### Personal details:

Title:

Surname:

Given name:

Gender:

Date of Birth:

Country of Birth:

Citizenship/Nationality:

Email:

[Flinders University email address not accepted]

Phone:

Postal address:

Have you previously held a FAN (Flinders Access Number) and/or Payroll No.?

Yes No

If yes, FAN:

\*\* Please note, failure to disclose a previous engagement with Flinders (i.e. employee, status, student) could result in delayed access to systems.

Do you currently hold an ORCID ID?

Yes No

If yes, please provide ID details:

\*\* Further details provided in [Academic Status Holder Program: Affiliate Information Booklet](#).

## 1. Employment Details

**Organisation:**

**Position:**

**Details of current appointment(s):**

Include type of appointment e.g. visiting research fellow

| Current Appointment(s) | FTE<br>(fraction) | Duration<br>(date from – date to) |
|------------------------|-------------------|-----------------------------------|
|                        |                   | -                                 |
|                        |                   | -                                 |
|                        |                   | -                                 |
|                        |                   | -                                 |
|                        |                   | -                                 |

## 2. Qualifications

Beginning with the most recent, please list all degrees, diplomas, memberships and fellowships, showing years of award and institutions.

| Qualification(s) | Institution | Year(s) |
|------------------|-------------|---------|
|                  |             |         |
|                  |             |         |
|                  |             |         |
|                  |             |         |
|                  |             |         |

## 3. Details of Past and Present Academic Status (if applicable)

| Institution(s) | Level | Duration<br>(date from – date to) |
|----------------|-------|-----------------------------------|
|                |       | -                                 |
|                |       | -                                 |
|                |       | -                                 |
|                |       | -                                 |
|                |       | -                                 |

#### 4. Details Supporting the Application

Provide a description of your work in each of the applicable areas in the table below and demonstrate how your work will contribute to the strategic direction of the College of Nursing and Health Sciences (CNHS).

Please select the relevant categories below and provide further details regarding the current or planned **activities or contributions**. This information will inform the decision about the level and nature of status awarded.

| Academic Leadership Role                           |
|--|
| Description of role:                               |
| Activities planned:                                |
| Duration:  |
| Research Supervision                               |
| Type of supervision:                               |
| If HDR supervision, provide name(s) of student(s): |
| Duration:  |
| Collaborative Research                             |
| Flinders University collaborator:                  |
| Description of research:                           |
| Duration:  |

## Undertake Collaborative Development, Preparation and Presentation of a Course

Description of role:

Activities planned:

Duration:

## Supervision of Students

Type of supervision:

Duration:

## Teaching Course/Topic

(or providing specialist expertise to teach into course/topic – adjunct only)

Description of role:

Nature of teaching:

Topic code or title:

Activities undertaken:

Duration / frequency:

## Other

### Applicant Statement

(Please provide a detailed statement of your ongoing contributions to CNHS during the term of academic status)

## 5. Conflict of Interest

Please refer to the University's [Conflict of Interest Policy](#) to determine the need to declare an actual, potential or perceived conflict of interest.

**Type of conflict:**

**Name of the person or organisation the conflict is with:**

**Details of conflict:**

**Proposed approach to manage conflict of interest:**

**By signing below, I acknowledge:**

- I have read and understand my obligations to Flinders University and agree upon approval of status to comply with legislation and provisions which affect the University, and with University Statutes, By-Laws, policies, rules, guidelines and Flinders University Values and Ethos and Code of Conduct.
- I understand I must attribute Flinders University as a by-line in all research outputs as part of these obligations (i.e. publications).

Curriculum vitae attached.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_