



Recommendation (personnel use only)

To (Dean): Prof. David Day From (Acting Head): Prof. Alex Blaszczyński

I recommend the appointment/reappointment of the below person as an Honorary (please circle appropriate academic level or 'Associate', as per the 'Conferring of all Academic Titles Policy' which can be downloaded from <http://www.usyd.edu.au/su/personnel/policy/prog-dev/acad/conferringaca.html>):

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

The appointment will be with the Department/School of: Psychology

for a term of (may be up to 3 years): 3 yrs 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 select): 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: DCP/MSc Semester/Year Commenced:

Enrolment status (please select): Full time Part time

Supervisor's Status (please select): Supervisor Associate Supervisor

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

3. Research – Details: _____ N/A _____

4. Other substantial contribution – Details: _____ Clinical supervision of DCP interns whilst on clinical rotation. _____

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

Professor Alex Blaszczyński
Name of Acting Head _____ **Signature** _____ **Date** _____

Authorisation

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

Comments: _____

Professor David Day
Name of Dean _____ **Signature** _____ **Date** _____

The completed appointment form and attached documentation is to be forwarded to your College Personnel Team.

Personnel Use Only

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

Comments: _____

Name of Personnel Officer _____ **Signature** _____ **Date** _____