

## APPLICANT DETAILS

Surname:	Given Names:	Current Title:													
Preferred Contact Telephone No:		Date of Birth:													
Preferred Contact Email:															
Postal Address:															
Work Address:															
Current Job Title:															
Current Employment Location: (e.g., Gold Coast University Hospital)															
<p>Please provide details of your medical registration, including registration number and type of registration, or other registration under AHPRA or appropriate registration agency applicable.</p> <p>Registration No: _____</p> <p>Registration Type: _____</p> <p>Registration Expiry date:     /     /</p>															
Specialty: (e.g., Emergency Medicine)															
<p>Academic Title Applied For (tick one):</p> <table border="0"> <tr> <td><input type="checkbox"/> Clinical Teacher</td> <td><input type="checkbox"/> Associate Lecturer</td> </tr> <tr> <td><input type="checkbox"/> Lecturer / Research Fellow</td> <td><input type="checkbox"/> Senior Lecturer / Senior Research Fellow</td> </tr> <tr> <td><input type="checkbox"/> Associate Professor / Principal Research Fellow</td> <td><input type="checkbox"/> Professor</td> </tr> </table>			<input type="checkbox"/> Clinical Teacher	<input type="checkbox"/> Associate Lecturer	<input type="checkbox"/> Lecturer / Research Fellow	<input type="checkbox"/> Senior Lecturer / Senior Research Fellow	<input type="checkbox"/> Associate Professor / Principal Research Fellow	<input type="checkbox"/> Professor							
<input type="checkbox"/> Clinical Teacher	<input type="checkbox"/> Associate Lecturer														
<input type="checkbox"/> Lecturer / Research Fellow	<input type="checkbox"/> Senior Lecturer / Senior Research Fellow														
<input type="checkbox"/> Associate Professor / Principal Research Fellow	<input type="checkbox"/> Professor														
<p>Do you believe you are eligible to receive a guaranteed* Academic Title? (tick one)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><small>*Medical Interns, House Officers/ Registrars, General Practitioners, Medical Specialists and other registered health practitioners who:</small></p> <ul style="list-style-type: none"> <li>• are employed in healthcare organisations that are recognised as participating Griffith University teaching organisations, and</li> <li>• wish to contribute to teaching and/or research at the University,</li> <li>• will be guaranteed an offer of affiliate membership and the following academic titles upon receipt by the University of a completed Academic Title Application Form.</li> </ul> <ul style="list-style-type: none"> <li>○ Medical Interns undertaking their post-graduate year 1 (PGY1) will be offered the title of <b>Associate Lecturer</b> for the duration of their Medical Internship appointment; and</li> <li>○ House Officers/ Registrars or equivalent who have completed PGY1 will be offered the title of <b>Lecturer</b>; and</li> <li>○ Other Registered Health Practitioners (for example a registered Nurse or Physiotherapist) will be offered the title of <b>Lecturer</b>; and</li> <li>○ General Practitioners who are either a member of the Royal Australian College of General Practitioners or have significant professional experience in general practice, and Medical Specialists will be offered the title of <b>Senior Lecturer</b>; and</li> <li>○ Other Registered Health Practitioners who hold a postgraduate clinical qualification (for example a post-entry level or specialist clinical degree) or a full fellowship with a recognized Australian health professional body will be offered the title of <b>Senior Lecturer</b>.</li> </ul>															
<p>Intended Host School / Research Centre (tick one)</p> <p><b>Griffith Health</b></p> <table border="0"> <tr> <td><input type="checkbox"/> School of Medicine and Dentistry</td> <td><input type="checkbox"/> Menzies Health Institute Queensland</td> </tr> <tr> <td><input type="checkbox"/> School of Health Sciences and Social Work</td> <td><input type="checkbox"/> Australian Institute for Suicide Research and Prevention</td> </tr> <tr> <td><input type="checkbox"/> School of Applied Psychology</td> <td></td> </tr> <tr> <td><input type="checkbox"/> School of Pharmacy and Medical Sciences</td> <td></td> </tr> <tr> <td><input type="checkbox"/> School of Nursing and Midwifery</td> <td></td> </tr> </table> <p><b>Griffith Sciences</b></p> <table border="0"> <tr> <td><input type="checkbox"/> School of Natural Sciences</td> <td><input type="checkbox"/> Institute for Glycomics</td> <td><input type="checkbox"/> Griffith Institute for Drug Discovery</td> </tr> </table>			<input type="checkbox"/> School of Medicine and Dentistry	<input type="checkbox"/> Menzies Health Institute Queensland	<input type="checkbox"/> School of Health Sciences and Social Work	<input type="checkbox"/> Australian Institute for Suicide Research and Prevention	<input type="checkbox"/> School of Applied Psychology		<input type="checkbox"/> School of Pharmacy and Medical Sciences		<input type="checkbox"/> School of Nursing and Midwifery		<input type="checkbox"/> School of Natural Sciences	<input type="checkbox"/> Institute for Glycomics	<input type="checkbox"/> Griffith Institute for Drug Discovery
<input type="checkbox"/> School of Medicine and Dentistry	<input type="checkbox"/> Menzies Health Institute Queensland														
<input type="checkbox"/> School of Health Sciences and Social Work	<input type="checkbox"/> Australian Institute for Suicide Research and Prevention														
<input type="checkbox"/> School of Applied Psychology															
<input type="checkbox"/> School of Pharmacy and Medical Sciences															
<input type="checkbox"/> School of Nursing and Midwifery															
<input type="checkbox"/> School of Natural Sciences	<input type="checkbox"/> Institute for Glycomics	<input type="checkbox"/> Griffith Institute for Drug Discovery													

### Current involvement with Griffith University

Please outline your current involvement with the University and who you have discussed your application with prior to submission.

**Note: This is a mandatory field for completion and will assist the Committee in their assessment of your application.**

### Proposed involvement with Griffith as an affiliate member with an Academic Title.

Please briefly outline your proposed involvement with the University if you are successful in being awarded an academic title. Note: Eligibility Criteria for Academic Titleholders can be found at Appendix A of the Griffith University Academic Titles Policy.

**Note: This is a mandatory field for completion and will assist the Committee in their assessment of your application.**

### Referees

Please provide details for three (3) referees, include their name, title, address, phone number, fax number, and email address.

**Note:** Referees will be provided with a copy of the applicants CV and application as required.

**Note:** Applications for Associate Professor require one referee of national standing and one of international standing. Applications for Professor require two referees of international standing.

**Referee 1:**

**Referee 2:**

**Referee 3:**

### Intellectual Property

☐ I agree to abide by the conditions of the University's Intellectual Property Policy as published on the University's website (please tick)

### OTHER INFORMATION:

Please feel free to include any other information that you believe may support your application.

Note: only enter additional information that **does not** appear in your CV

applicants who are seeking the title of **Clinical Lecturer** or who believe they are eligible to receive a **Guaranteed Academic Title** (see over page) **need not** feel obliged to provide Other Information in this section if they do not wish to.

### Qualifications and Associations:

### Research Interests / Contributions:

### Significant Publications / Grants:

### Teaching Experience:

### Academic Supervision of Research Students:

**Clinical Service:****REQUIRED ATTACHMENTS:**

- ☐ Please attach your Curriculum Vitae (CV).
- ☐ Please attach your AHPRA registration certification.
- ☐ Please provide details of your medical malpractice insurance and attach evidence of the insurance details.
- ☐ If you are a Qld Health employee, please indicate in the tick box as you will be indemnified by Qld Health.

Please attach the above documents when applying online.