

## PERSONAL DETAILS

University ID:		Surname:		Given Name/s:	
Host School/Element:		Discipline Area:			
Academic Title Awarded:		Email address:			
Host Supervisor's Name:		Date of meeting:			
<b>Academic Title Benefits sought:</b> Library Access ..... YES <input type="checkbox"/> NO <input type="checkbox"/> Internet account ..... YES <input type="checkbox"/> NO <input type="checkbox"/> University email account ..... YES <input type="checkbox"/> NO <input type="checkbox"/> Entry on School/Element website .. YES <input type="checkbox"/> NO <input type="checkbox"/>			Business card.....YES <input type="checkbox"/> NO <input type="checkbox"/> University photo ID card.....YES <input type="checkbox"/> NO <input type="checkbox"/> Building access (key(s)/card) .....YES <input type="checkbox"/> NO <input type="checkbox"/>		

## GOALS AND OBJECTIVES

### Research

### Teaching

### Service

Form Instructions: Host Supervisor and Academic Titleholder to retain copies.

Please forward original completed form to Corporate Archives & Records Management Service (CARMS).

## DEVELOPMENT SUPPORT

Describe the development support which may assist in achieving the goals and objectives.

### Research

### Teaching

### Service

## ACADEMIC TITLE HOLDER COMMENTS and SIGNATURE

### Comments

**PLEASE NOTE:** Your demographic details and academic interests will be made available to host School/Element academic staff for curriculum and research planning purposes.

Demographic details including contact details will also be stored to allow the host School/Element to send you general staff communications. If you do not wish your details to be made available for general staff communications please indicate below.

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**I DO NOT WISH MY DETAILS TO BE MADE AVAILABLE FOR GENERAL STAFF COMMUNICATIONS FROM THE UNIVERSITY**

Signature:

Date

## **SUPERVISOR**

Signature:

Date

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