

# UNIVERSITY OF TASMANIA ADJUNCT, CLINICAL AND ASSOCIATE TITLES NOMINATION FORM FOR NEW APPOINTMENTS

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

Indicate the category of title – 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>

*Send completed form to Shared Services via Service Now*

Adjunct Senior Lecturer	
Adjunct Lecturer	
Adjunct Senior Researcher	
Adjunct Researcher	
Clinical Senior Lecturer	
Clinical Lecturer	
University Associate	



Approved by Head of School and Executive Dean (or delegate) or Head of Division  
(after College/Division process)

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

Name and title \_\_\_\_\_

School/Centre/Section \_\_\_\_\_

Mailing address \_\_\_\_\_

Email address \_\_\_\_\_ Phone extension \_\_\_\_\_

## 3. APPOINTMENT DETAILS - to be completed by the Nominator

Nominee Name and title \_\_\_\_\_

Hosting College/School/Institute/Division \_\_\_\_\_

University Line Manager: \_\_\_\_\_

*See the Adjunct, Clinical and Associate Titles web page for information on required nomination materials and processes*

<https://www.utas.edu.au/academic-division/academic-leadership-and-performance/adjunct-and-clinical-titles>

**Appointment Period: To** [circle one] 31 January OR 31 July \_\_\_\_\_ [year] **(max 3 years)**

**Does this nominee require a visa to participate at University?**  Yes  No

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

**Does this nominee require a Working with Children Registration?**  Yes  No

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

### APPROVALS

Head of School /Divisional Section Head	Name Signature	/ /
FOR ALL LECTURERS, RESEARCHERS AND ASSOCIATES Executive Dean [or delegate] /Head of Division <i>sign prior to submitting nomination to Service Now</i>	Name Signature	/ /

## Resource Requirements

### Use of University/College/School Resources - Please tick 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 \_\_\_\_\_

### Primary Reason for Appointment

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

<input type="checkbox"/>	PhD supervision ( <i>provide candidate(s) name and project number/title</i> )	<input type="checkbox"/>	Project collaboration ( <i>provide project number(s)/title(s) and brief description</i> )
<input type="checkbox"/>	Individual research projects and publications ( <i>provide detailed plan</i> )	<input type="checkbox"/>	Strategic opportunity / capacity building ( <i>provide detailed justification</i> )
<input type="checkbox"/>	Other ( <i>provide details</i> )		

### 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:		

## Risk assessment

Low Risk Activities	Please tick activity type	Safety & Wellbeing Induction Requirement
Offsite/National/International Collaborator	<input type="checkbox"/>	None, unless arrives on site.
Desk based; office based/classroom-based activities with no high risk activities. If you are not sure, please check with your Safety & Wellbeing Advisor.	<input type="checkbox"/>	Local Area Induction required on commencement.
Supervision of post grad students	<input type="checkbox"/>	Local Area Induction and may include Research Supervision Training by ORS on commencement.
High Risk Activities	Please tick activity type	Safety & Wellbeing Induction Requirement
Laboratory/workshop/studio	<input type="checkbox"/>	Local Area High Risk Induction
Field work	<input type="checkbox"/>	Local Area High Risk Induction
Boating/Diving	<input type="checkbox"/>	Local Area High Risk Induction
Activities involving driving, machinery or plant operation	<input type="checkbox"/>	Local Area High Risk Induction
Use of Chemicals, hazardous materials etc.	<input type="checkbox"/>	Local Area High Risk Induction
Biosafety / Animal Handling	<input type="checkbox"/>	Local Area High Risk Induction
Other (please detail)	<input type="checkbox"/>	Local Area High Risk Induction

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 [Risk Management Procedure](#) and [Matrix](#) and include appropriate risk controls to eliminate or minimise the risk so far as is reasonably practicable. Further information about Safety & Wellbeing Induction and Training can be found [here](#).

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

Name and title \_\_\_\_\_

Gender: \_\_\_Female \_\_\_ Male \_\_\_X (Indeterminate/Intersex/Unspecified) Date of birth \_\_\_\_\_

Home Institution/Organisation \_\_\_\_\_

Mailing address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email address \_\_\_\_\_

Emergency Contact (Name) \_\_\_\_\_ Telephone No. \_\_\_\_\_

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

##### 1. Medical Disclosure

Given the description of the contribution being made under this appointment	Yes	No
<ul style="list-style-type: none"><li>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?</li></ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>are you taking any medication that could affect your health and safety or that of others, whilst undertaking this appointment?</li></ul>	<input type="checkbox"/>	<input type="checkbox"/>

If YES, please provide details of the condition:

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?

Comment: \_\_\_\_\_

##### 2. 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: .....

(Title holder) Date: ..... /...../.....

Please attach the following documents to the end of this nomination form:

- Supporting rationale for the conferral from the Head
- Nominee's current curriculum vitae (a brief copy – 5 pages or web hyperlink)
- Supporting statement of tangible outcomes where the nominee has previously held an adjunct, clinical, associate, or equivalent title with the University of Tasmania

### 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.