

# Application for Conjoint Status



FACULTY OF MEDICINE

To be completed by Head of School in consultation with Applicant

First appointment     Reappointment     Promotion – choose one     Conjoint Track  
 Academic Track

Current Level of Conjoint Appointment (if applicable) : .....

Name of Discipline/Department: .....

Name of School: .....

## A. Personal Details

Title: ..... First Name: .....

Last Name: .....

Contact Address: .....

.....

.....

Telephone (Business): ..... Fax (Business): .....

Email Address: .....

Gender:  M  F Highest Degree: ..... Date of Birth: .....

## B. Past involvement in teaching and research

### 1. Teaching commitments in the past 3 years at UNSW

Number of student attachments in the past 3 years and approximate number of hours per student attachment.

Describe briefly the person's involvement over the past 3 years in

a) Student Teaching

b) JMO Training

**c) Registrar Training**

**d) Other postgraduate teaching**

**List the Clinical exams the person has examined in:**

**a) Undergraduate**

**b) Postgraduate**

**List any achievements in UNSW or other medical education the person has helped to develop:**

**2. Involvement in research with UNSW in past 3 years**

(eg participation in research activities, list of publications, if applicable say see CV)

**3. Other involvement with UNSW Faculty of Medicine over the past 3 years**

(eg Advisory committees and curricula development)

**4. Involvement with the wider medical community over the past 3 years**  
(eg College or Society activities, National or International invited lecturers)

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**C. Planned involvement over the next 3 years**

What commitment does the person intend to make per year over the next 3 years in teaching, research or other involvement with UNSW?

**Teaching:**

**Research:**

**Other:**

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**D. Curriculum Vitae**

**Suggested level of appointment:** ..... **Date of appointment to commence** .....

**Preferred promotional track**

**Academic Track**

**Conjoint Track**

.....  
**Head of School**

.....  
**Date**

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**E. Acceptance of Appointment**

To be completed by Applicant

Upon approval of my application for conjoint status and my appointment as a conjoint member of the UNSW, I understand and agree to act in accordance with the UNSW Code of Conduct.

.....  
**Applicant**

.....  
**Date**

# Faculty Conjoint Appointment Committee



FACULTY OF MEDICINE

## Committee Use Only

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**First appointment**       **Reappointment**       **Promotion** – choose one       **Conjoint Track**  
 **Academic Track**

If reappointment UNSW ID Number :.....

<b>Conjoint Level</b>	<input type="checkbox"/> Associate Lecturer	<b>Duties Type</b>	<input type="checkbox"/> Research Only
	<input type="checkbox"/> Lecturer		<input type="checkbox"/> Teaching Only
	<input type="checkbox"/> Senior Lecturer		<input type="checkbox"/> Teaching & Research
	<input type="checkbox"/> Associate Professor		
	<input type="checkbox"/> Professor		

**Discipline/Department** .....

**School** .....

**Date of commencement** .....

**Length of appointment**                      
(number of years)            **4**    **3**    **2**    **1**    **On-going**

**Reviewed after**                          
(number of years)            **3**    **2**    **1**    **Other**

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## Authorisation

By Chair, Faculty Conjoint Appointment Committee

**Signature** .....

**Name** .....

**Date** .....