

# Recognition of Research Affiliation Form

Refer to the [Affiliates policy](#) for further information about Research Affiliates and affiliation procedures. If this affiliation is for an Honorary title please DO NOT complete this form. You will need to complete the [Honorary Title Nomination and Appointment Form](#)

**PRIVACY STATEMENT** The information collected on this form will create a new affiliate record with details entered into the University's HR information system. Information held in an affiliate's record can be requested by email to: [hr.servicecentre@sydney.edu.au](mailto:hr.servicecentre@sydney.edu.au) For further information, please refer to the [Honorary Titles Policy](#), the [Honorary Titles Procedures](#) and the [University Privacy Policy](#).

## SECTION 1 – FACULTY/ SCHOOL/DISCIPLINE/ORGANISATION UNIT & CONTACT DETAILS

|  |                        |
|--|------------------------|
| <b>Faculty:</b>  |                        |
| <b>School/Department/Discipline/Unit:</b>  | <b>Location:</b>       |
| <b>(A)Details of supervisor or collaborator</b>  |                        |
| <b>Name:</b>   | <b>Position title:</b> |
| <b>(B) Details of the University Officer responsible for the maintenance, renewal or exiting of the affiliate record (admin contact)</b> |                        |
| <b>Name:</b>   | <b>Position title:</b> |

## SECTION 2 – PERSONAL DETAILS

|  |                        |   |     |    |
|--|------------------------|---|-----|----|
| <b>Title:</b>  | <b>Surname:</b>        | <b>Gender:</b>  |     |    |
| <b>First name:</b>   | <b>Middle Name(s):</b> | <b>Preferred name(if different):</b>                            |     |    |
| <b>Home Address:</b>   |                        |   |     |    |
| <b>Telephone:</b>  | <b>Mobile:</b>         |   |     |    |
| <b>Email address:</b>  | <b>Date of Birth:</b>  |   |     |    |
| <b>Has proof of identity and Australian citizenship/residency been provided? <u>Note, if an overseas resident please provide a copy of current passport and visa</u></b> |                        | <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table> | Yes | No |
| Yes  | No                     |   |     |    |

## SECTION 3 – RESEARCH AFFILIATION, DATES AND ACCESS DETAILS

|   |                  |                            |   |     |    |
|---|------------------|----------------------------|---|-----|----|
| <b>Start:</b>   | <b>End:</b>      | <b>Research Affiliate:</b> | <b>Research Administrator:</b>                                  |     |    |
| <b>Name of Research output, or brief outline of contribution, or reason for affiliation:</b>  |                  |                            |   |     |    |
| <br><br>  |                  |                            |   |     |    |
| <b>Previously Employed /Affiliated:</b>   | Yes              | No                         | <b>University ID number(if known):</b>                          |     |    |
| <b>Unikey access:</b>   | <b>Security:</b> | <b>Work space:</b>         | <b>Library Access:</b>  |     |    |
| <b>Specific System or Software(please specify):</b>   |                  |                            |   |     |    |
| <b>Is this position <a href="#">child-related work</a>?</b>   |                  |                            | <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table> | Yes | No |
| Yes   | No               |                            |   |     |    |
| <b>If yes, include the <a href="#">Statutory Declaration – working with children</a> or Working With Children Check/Application number:</b> |                  |                            |   |     |    |

## SECTION 4 – DELEGATED AUTHORITY APPROVAL

|  |  |
|--|--|
| <b>Authorisation by Delegated Authority:</b> | <b>Please Return completed form to:</b><br><br>Email: <a href="mailto:hr.s_____@sydney.edu.au">hr.s_____@sydney.edu.au</a> |
| <b>Name:</b>                                 |  |
| <b>Signature:</b>                            |  |
| <b>Date:</b>                                 |  |