

Renewal 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 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

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

SECTION 2 – PERSONAL DETAILS

Title:	Surname:	Gender:		
First name:	Middle Name(s):	Preferred name(if different):		
Home Address:				
Telephone:	Mobile:			
Email address:	Date of Birth:			
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>		<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No			

SECTION 3 – RESEARCH AFFILIATION, DATES AND ACCESS DETAILS

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

SECTION 4 – DELEGATED AUTHORITY APPROVAL

Authorisation by Delegated Authority:	<p align="center"><u>Please Return completed form to:</u></p> <p>Email: hr.servicecentre@sydney.edu.au</p>
Name:	
Signature:	
Date:	