



REQUEST TO INVITE AN HONORARY VISITING SCHOLAR / ACADEMIC (P&C/VAV)

effective 05/2020

| P&C USE ONLY | |
|--------------------------|--|
| Date Received | |
| Received by | |
| Invitation letter issued | |

INSTRUCTIONS — please read before completing this form

1. This form should be completed and forwarded with attachments (see checklist) to the relevant officer in People & Culture (P&C) Employment Services as early as possible, in order to avoid a delay in the arrival date.
2. P&C Employment Services will issue a formal letter of invitation to the Visiting Scholar/Academic following receipt of this form.
3. The Visiting Scholar/Academic (and any accompanying family members) must hold adequate health insurance cover for the entire time in Australia. Refer to Department of Home Affairs (DHA) website: www.homeaffairs.gov.au/Trav/Visa-1/408-.
4. Once the process has been completed, P&C Employment Services will add the Honorary Visiting Academic Scholar to Workday as an Affiliate.

If completing form electronically, use "tab" key to move from cell to cell

1 Details of staff member submitting this invitation

| | | | |
|-----------------------|--|-----------------|--|
| Family Name: | | Title: | |
| Given Name(s): | | | |
| Area: | | College: | |
| Phone No: | | Email: | |
| Position: | | | |

2 Name and contact details of the proposed Visiting Academic

| | | | |
|--------------------------|-------------------------------|---------------------------------|-----------------------|
| Family Name: | | Title: | |
| Given Name(s): | | | |
| Gender: | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Date of Birth: |
| Current Position: | | | |
| Home Institution: | | | |
| Address: | | | |
| Email: | | | |

3 Inclusive Dates of Proposed Visit

| | | | |
|--------------|--|------------|--|
| From: | | To: | |
|--------------|--|------------|--|

4 Does the College have adequate space, funding and resources to support the proposed activities of the Visiting Academic? *(pls give details)*

5 Statutory Requirements: Does the research involve any of the following? *(pls tick)*

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| a) Importation of experimental organism? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) Human subjects? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c) Animal experimentation? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d) Deposition of biological material? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e) Genetic Manipulation? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| f) Ionising radiation? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| g) Social science data sets? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If the answer to any of these questions is **YES**, you must obtain the necessary ethical clearance or otherwise meet the requirements specified in the relevant granting body guidelines. *(For further information please contact the Research and Development Support Office info.rds@flinders.edu.au.)*

6 Living Expenses (NB: maximum of \$500 per week in line with current DHA rules)

| | | | | |
|---|------|--------------------------|-------|--------------------------|
| Do you wish to make a contribution towards Living Expenses? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, what amount do you wish to pay? \$ | Week | <input type="checkbox"/> | Month | <input type="checkbox"/> |

| Account Number(s) to be used for Contribution to Living Expenses | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|---|
| | | | | | | | | | | | | % |
| | | | | | | | | | | | | % |
| | | | | | | | | | | | | % |

7 Signature of Staff Member inviting the Visiting Academic

I certify that:

- this invitation has the necessary ethical clearance (where relevant) and has my full support in accordance with the details provided on this form; and
- I am able to provide maintenance support for the duration of the Visiting Academic's visit to Flinders University; and
- I have provided details of the proposed Research Program at the end of this form; and
- my office will, upon arrival of the Visiting Academic, forward sighted copies of their visa and health insurance policy to P&C Employment Services.

| | | |
|-------------|--------------------|-------|
| Print Name: | Digital Signature: | Date: |
|-------------|--------------------|-------|

8 Endorsement - Dean (People & Resources)

I certify that:

- I support this application and the proposed research program (see last page); and
- the visitor can be accommodated within the College; and
- the necessary facilities are available to carry out and maintain the proposed research.

| | | |
|-------------|--------------------|-------|
| Print Name: | Digital Signature: | Date: |
|-------------|--------------------|-------|

9 Approval – Vice-President & Executive Dean of College

| | | |
|-------------|--------------------|-------|
| Print Name: | Digital Signature: | Date: |
|-------------|--------------------|-------|

| |
|--|
| CHECKLIST OF ATTACHMENTS TO BE FORWARDED WITH THIS FORM (Certified Digital Copies are acceptable) |
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- Curriculum Vitae of Visiting Academic
- Letter of support from home institution of Visiting Academic
- Photo page from passport of Visiting Academic
- Photo page from passport of any dependants accompanying Visiting Academic

**PROPOSED RESEARCH PROGRAM
(Subclass 408 Visa)**

For immigration purposes only

| | |
|-----------------------------------|--|
| Name of Visiting Academic: | |
| Home Institution: | |
| Title of Research Project: | |

Detailed description of research project to be undertaken including Visiting Academic's role:

Anticipated benefits to research output of staff member inviting Visiting Academic and to strategic goals of College:

| | |
|------------------------------|----------------------|
| Location of research: | Area/College: |
|------------------------------|----------------------|

| | | |
|---------------------------------|--------------|------------|
| Dates of proposed visit: | From: | To: |
|---------------------------------|--------------|------------|

Name(s) of collaborators:

Name:

Name:

English language ability:

Will nominee receive any payment from their home institution? Yes No

If Yes, details:

Other relevant information:

Research program prepared by:

Name:

Digital Signature: