|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| New Image | **REQUEST TO INVITE A VISITING RESEARCH STUDENT (PERSONAL VISA) (HR/VRS)**   |  |  | | --- | --- | | **P&CCS USE ONLY** | | | Date Received |  | | Received by |  | | DFAT check |  | | Forwarded to DHA |  |   **effective 04/19** |

INSTRUCTIONS — *please read before completing this form*

1. This form is to be used when the Visiting Research Student obtains their own visa and does not require a sponsored visa.
2. This form **and all attachments** (see checklist) must be completed and forwarded to the relevant officer in People & Culture Client Services (P&CCS) as early as possible, in order to avoid a delay in the arrival date.
3. P&CCS will issue a formal letter of invitation to the Visiting Research Student following receipt of this form and required documentation.
4. The Visiting Research Student (and any accompanying family members) must hold adequate health insurance cover for the entire time in Australia.

*If completing form electronically, use “tab” key to move from cell to cell*

**1 Details of staff member inviting the Visiting Research Student**

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

**2 Name and contact details of the proposed Visiting Research Student**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Family Name:** | |  | | | **Title:** |  | |
| **Given Name(s):** | |  | | | | | |
| **Gender:** | Male | | Female | **Date of Birth:** | | |  |
| **Current Position:** |  | | | | | | |
| **Home Institution:** |  | | | | | | |
| **Address:** |  | | | | | | |
| **Email:** |  | | | | | | |

**3 Inclusive Dates of Proposed Visit**

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

**4 Does the Visiting Research Student have a satisfactory level of English language proficiency demonstrated by an IELTS or TOEFL test? *(In the absence of formal test results, a signed letter or statement must be provided stating that you have assessed their English proficiency, skills and work experience as satisfactory to both undertake the training program, and understand and comply with Work Health Safety requirements.)***

|  |
| --- |
|  |

**5 Does the College have adequate space, funding and resources to support the proposed activities of the Visiting Research Student?**

|  |
| --- |
|  |

**6 Statement of relevance of the proposed visit to ongoing research projects in the supervisor’s research group and to the strategic goals of the College**

|  |
| --- |
|  |

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

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

If **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* [*Research Development & Support*](http://www.flinders.edu.au/research/researcher-support/ebi/) *on extension 17972.)*

**8 Statutory Requirements: Sanctions Regimes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the Visiting Research Student a citizen of a sanctions regime[[1]](#footnote-1)? | Yes |  | No |  |

If **YES**, you must complete Appendix A and forward signed form to P&CCS, together with other required documents *(refer checklist)*.

If **NO**, continue to 9.

**9 Living Expenses (NB: maximum of $500 per week in line with current Dept of Home Affairs rules)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you wish to make a contribution towards Living Expenses? | Yes |  | No |  |
| If yes, what amount do you wish to pay? $      **\***  ***\*****Please liaise with College Finance to facilitate this payment* | Week |  | Month |  |

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

**10 Signature of Staff Member inviting the Visiting Research Student**

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 have completed statutory Sanctions requirements in accordance with Section 8; and

• I am able to provide maintenance support for the duration of the Visiting Research Student’s visit to Flinders University, and it is my responsibility to liaise with College Finance to facilitate payment of any contribution to living expenses; and

• my office will, upon arrival of the Visiting Research Student, forward sighted copies of their visa and health insurance policy to P&CCS; and

• I have provided details of the proposed Training Program at the end of this application.

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

**11 Endorsement - Dean (People & Resources)**

I certify that:

• I support this application and the proposed training 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: | Signature: | Date: |

**12 Approval – Vice-President & Executive Dean of College**

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

**CHECKLIST OF ATTACHMENTS TO BE FORWARDED WITH THIS INVITATION**

|  |  |
| --- | --- |
|  | Curriculum Vitae of Visiting Research Student (in English) |
|  | Informal letter or email exchange invitation from supervisor to Visiting Research Student |
|  | Letter of support (in English) from home institution of Visiting Research Student |
|  | Photo page from passport of Visiting Research Student |
|  | Photo page from passport of any dependants accompanying Visiting Research Student |
|  | Copy of current qualifications (in English) |
|  | Completed Appendix A: Sanctions Questions (where required – see Section 8 above) |

**Proposed Training Program of VISITING RESEARCH STUDENT**

|  |  |
| --- | --- |
| **Name of Visiting Research Student:** |  |
| **University enrolled in:** |  |
| **Course of study:** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Skills, qualifications, current occupation and prior experience:** | | | | | | | | |
| **Training outcomes and objectives:** | | | | | | | | |
| **Specific training techniques to be taught:** | | | | | | | | |
| **Location of training:** | | | **Area/College*:*** | | | | | |
| **Length of training:** | | |  | | | | | |
| **Dates of training:** | | | **From:** |  | **To:** |  | | |
| **Name(s) of trainers:** | | | | | | | | |
| **Supervisor:** | | | | | | | | |
| **Other Trainers/Assessors:** | | | | | | | | |
| **English language ability:** | | | | | | | | |
| **Will nominee receive any scholarship or similar payments****?** | | | | | | | **Yes** | **No** |
| **If Yes, details:** |  | | | | | | | |
| **Learning outcomes measurements:** | | | | | | | | |
| **Other relevant information:** | | | | | | | | |
| **Training program prepared by:** | | | | | | | | |
| **Name:** | |  | | | | | | |
| **Signature:** | |  | | | | | | |

**Appendix A: Sanctions Questions**

**QUESTION 1:**

**Will the Visiting Research Student be working in a research area involving:**

1. **Military goods or non-military lethal goods?**

* To determine military or non-military lethal goods, check whether the research area falls under any of the broad categories listed in Table 1 of the [Defence and Strategic Goods List](http://www.flinders.edu.au/research/researcher-support/ebi/dtc/what.cfm).
* If **YES**, you must contact the [RDS Defence Exports Officer](http://www.flinders.edu.au/research/researcher-support/ebi/dtc/contacts.cfm) to obtain the control thresholds for the relevant category and, if required, submit an application for DSGL assessment.

1. **Other sanctioned goods?**

* To determine other sanctioned goods, take note of the sanctions regime citizenship identified in Section 8.
* Click [here](http://www.flinders.edu.au/about_research_files/Documents/ebi/dtc/sanctions-regimes-other-sanctioned-goods.pdf) and check whether the research area falls under any of the broad categories listed for the relevant sanctions regime. Note: many sanctions regimes will not appear in this document as they have no other sanctioned goods except military/lethal goods.
* If **YES**, you must contact the [RDS Defence Exports Officer](http://www.flinders.edu.au/research/researcher-support/ebi/dtc/contacts.cfm).

No 🡪 Proceed to Question 2

Yes 🡪 **High risk rating**

**QUESTION 2:**

**Will the Visiting Research Student have direct or indirect access to any of the goods listed in Question 1? For example, through ancillary use or through presence in a shared laboratory?**

🡪 If **YES**, you must contact the [RDS Defence Exports Officer](http://www.flinders.edu.au/research/researcher-support/ebi/dtc/contacts.cfm).

No 🡪 Proceed to Question 3

Yes 🡪 **Medium risk rating**

**QUESTION 3:**

**Will the Visiting Research Student be working in a research area involving dual-use goods?**

* To determine dual-use goods, check whether the research area falls under any of the broad categories listed in Table 2 of the [Defence and Strategic Goods List](http://www.flinders.edu.au/research/researcher-support/ebi/dtc/what.cfm).
* If **YES**, you must contact the [RDS Defence Exports Officer](http://www.flinders.edu.au/research/researcher-support/ebi/dtc/contacts.cfm) to obtain the control thresholds for the relevant category and, if required, submit an application for DSGL assessment.

No 🡪 **Low risk rating**

Yes 🡪 **Medium risk rating**

* Forward completed and signed form to P&CCS.

1. Current sanctions regimes: Central African Republic, Crimea and Sevastopol, Democratic People’s Republic of Korea (North Korea), Democratic Republic of the Congo, Guinea-Bissau, Iran, Iraq, Lebanon, Libya, Mali, Myanmar, Russia, Somalia, South Sudan, Sudan, Syria, Ukraine, Yemen, and Zimbabwe. [↑](#footnote-ref-1)