

AWARD HOLDER TO COMPLETE DETAILS:

Have you ever been employed in the University? No Yes - Employee number: _____

Are you currently employed in another position in the University? No Yes

If yes: Division/Office: _____

Academic General Level: _____ Fraction: _____%

Student No: _____ Is this a Commencement or Recommencement of study?

Family Name: _____ Title: _____ Gender: _____

Other Names: _____ Date of Birth: _____

Home Address: _____

_____ State: _____ Post code: _____ Phone (h): _____

Postal Address: _____

_____ State: _____ Post code: _____

Are you a Permanent Resident?: Yes No

Citizenship: Australia New Zealand Other - * Attach a photocopy of visa from passport

Current **Banking Authority** form attached **OR** already supplied this year and unchanged.

I agree to repay any allowance overpaid to me through my failure to comply with the regulations relating to the relevant Scholarship Award or from any other cause. I am aware of the provisions of the Conditions of the Award, especially those which relate to the notification to an authorised person any matter likely to affect the stipend payable to me.

I acknowledge that my acceptance of each payment will constitute acceptance by me of all relevant conditions attaching to such payment.

I declare that the information supplied by me on this form is complete, true and accurate in every particular.

Signature of Award Holder: _____ Date: ___/___/___

REGISTRAR'S OFFICE USE ONLY:

Division/Office: _____ Budget Unit Code: M _ _ _ _ Z

Position No: _____ Position Title: _____

Commencement date: ___/___/___ End Date: ___/___/___ Full-time Part-time

Rate : \$_____ per annum Tax Exempt: Yes No

Account No: _ _ _ _ / _ _ _ _ / _ _ _ _

Signature - Delegated Officer

___/___/___
(Date)

PERSONNEL OFFICE USE ONLY



MACQUARIE UNIVERSITY 16 AUGUST 1999

Attachments correct: _____(inits) ___/___/___

Processed/entered: _____(inits) ___/___/___ Checked: _____(inits) ___/___/___