## Adjunct/Honorary Researcher Application

|  |
| --- |
| Applicant information |
| Full name | Click or tap here to enter text. |
| Institutional affiliation and appointment: | Click or tap here to enter text. |
| Postal address: | Click or tap here to enter text. |
| Contact phone number: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |

|  |
| --- |
| Position sought |
| [ ]  Adjunct Researcher | [ ]  Honorary Researcher |

|  |
| --- |
| Research focus |
| Please provide details of your areas of interest and levels of experience. |
| Click or tap here to enter text. |

|  |
| --- |
| Methodological expertise |
| Please provide details of areas and levels of methodological experience.  |
| Click or tap here to enter text. |

|  |
| --- |
| Written statement |
| Please write 250 – 500 words detailing:How you meet the essential and desirable criteria (See the Applicant Information document), including:* why you would like to be appointed to an Adjunct/Honorary Research position with Darling Downs Health
* your anticipated contribution to the health service
 |
| Click or tap here to enter text. |

|  |
| --- |
| Declaration by applicant |
| I agree: |
| [ ]  to keep confidential all information and data that relates to individuals involved in research/audit projects. |
| [ ]  to keep confidential any information concerning persons or events that comes to my attention at Darling Downs Health. Such information includes anything relating to a project/audit, and any other information which I hear, see, or read during my time at the health service. |
| [ ]  to only use data collected for the study for which approval has been given. |
| [ ]  to maintain security procedures for the protection of privacy. |
| [ ]  that I am familiar with the National Statement on Ethical Conduct in Human Research (2023) and Australian Code for the Responsible Conduct of Research (2018) and agree to conduct any research related activities within Darling Downs Health in accordance with the principles set out within the documents. |
| [ ]  I understand that I will be subject to a criminal history check prior to an offer or appointment being made. |

|  |  |
| --- | --- |
| Applicant’s signature: |  |
| Date signed: | Click or tap to enter a date. |

Submission

Please submit your completed application to the Director of Research at DDHHSResearchSupport@health.qld.gov.au
with the subject line Adjunct/Honorary Researcher application