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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **External supervisor record (Joint Award)** | | | | | | | | | | | |  | | | |
| Please complete this form if you are an external supervisor invited to supervise a graduate researcher at the University of Melbourne as part of a joint award agreement. This form will capture information to add you to the University of Melbourne student record. By completing this form, you acknowledge that you agree to supervised as per the conditions specified in the Individual Graduate Researcher Agreement between the graduate researcher, you, your UoM co-supervisor and your institution and the University of Melbourne as well as the institutional agreement for jointly awarded PhDs.  Please return this form to the University of Melbourne supervisor, the graduate researcher, or their [faculty](https://gradresearch.unimelb.edu.au/key-contacts). The information you provide is used to create a formal record about your supervision. Your personal information is treated in accordance with the [University’s Privacy Policy](http://www.unimelb.edu.au/governance/compliance/privacy). | | | | | | | | | | | | | | | | |
| Section One - Graduate researcher details | | | | | | | | | | | | | | | | |
| Name | | | | | | | | |  | | | | | | | |
| Department at the University of Melbourne | | | | | | | | |  | | | | | | | |
| Name of University of Melbourne supervisor | | | | | | | | |  | | | | | | | |
| Section Two - Your details | | | | | | | | | | | | | | | | |
| Title | | Prof  A/Prof  Dr  Ms  Mr  Other, please specify: | | | | | | | | | | | | | | |
| Family name | |  | | | Given name(s) | | | | | |  | | | | | |
| Preferred name | |  | | | | | | | | | | | | | | |
| Have you ever been an employee or honorary staff member of the University of Melbourne? | | | | | | | | | | | | | | Yes  No | | |
| Date of birth (dd/mm/yyyy) | | | |  | | Gender | | | | Man or Male  Woman or Female  Non-binary  I/They  Prefer not to say | | | | | | |
| Section Three - Contact details - *Professional details preferred* | | | | | | | | | | | | | | | | |
| Title of current position | | |  | | | | Organisation name | | | | |  | | | | |
| Street address | | |  | | | | | | | | | | | | | |
| Suburb | | |  | | | | | State or province | | |  | | | | | |
| Country | | |  | | | | | | | | | | | | Postcode |  |
| Email | | |  | | | | | | | | | | | | | |
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