# 2019-2020 Equity Fellows Program Nomination Form

#### Nominee Contact Details

|  |  |
| --- | --- |
| Title |  |
| First Name |  |
| Last Name |  |
| Position |  |
| Faculty / Organisational Unit |  |
| Institution |  |
| Institution’s Postal Address |  |
| Email Address |  |
| Telephone Number |  |

#### Proposed Fellowship Details

|  |  |
| --- | --- |
| Project Title |  |
| Abstract of Proposed Fellowship (Max. 160 words) |  |
| Alignment with the objectives of the Equity Fellowship Program (Max. 300 words) |  |
| Research Focus (Please use key words) |  |
| Educational Issue(s) to be Addressed  (Please use key words) |  |

### Equity Fellows Program Privacy Notice

We must comply with the Australian Privacy Principles (‘APPs’) contained in the *Privacy Act 1988 (Cth)* when handling all personal information provided for nomination purposes.

### Collection of Personal Information

As part of the nomination process, the National Centre for Student Equity in Higher Education (NCSEHE) collects the personal information provided in the Equity Fellows Program nomination documentation.

### How We Use Personal Information

Personal information is collected to assess eligibility for a Fellowship, and to undertake statistical analysis in relation to the Equity Fellowship Program. We will also use this information to:

* maintain an ongoing relationship with nominees, and / or
* invite nominees to relevant events and programs.

### Privacy Consent

By nominating for an Equity Fellowship, the applicant acknowledges and consents to the NCSEHE disclosing their personal information to others. The NCSEHE may also publish successful nominees’ personal information (including photo provided; excluding telephone contact details) in media releases, presentations, and any promotional materials on the NCSEHE website.

The NCSEHE will not use or disclose personal information for any other purpose unless permitted by the *Privacy Act 1988 (Cth)*.

The Equity Fellows and their respective institutions will be required to enter into an agreement with the NCSEHE. The conditions of funding will be specified in the agreement. The agreement will specify the outcomes of the Fellowship to be achieved, the payment arrangements, conditions of the funding including financial and performance reporting requirements, requirements regarding variation to agreements, acquittal of funding and other related issues.

Ahead of the Fellows’ placements with the Department of Education and Training (“the Department”), Fellows’ home institutions will be required to enter into an agreement with the Department. The agreement will specify the length of the placement, work schedule, and pattern of attendance.

#### Nominee’s Declaration

I nominate as an Equity Fellow and agree to the terms and conditions of the Fellowship.

I confirm that I have read, acknowledge and accept the Privacy Notice and Privacy Consent in this form.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

### Head of Faculty’s / Organisational Unit’s Support for Nomination and Authorisation

I support this nomination on the basis of the attached documentation. I undertake to support this nominee in the activities associated with the Fellowship in accordance with the attached statement of institutional support.

I confirm that the information above is true and correct and that the nominee named on this form is currently a staff member of this institution.

I confirm that I have read, acknowledge and accept the Privacy Notice and Privacy Consent in this form.

|  |  |  |  |
| --- | --- | --- | --- |
| Position |  | | |
| Faculty/ Organisational Unit |  | | |
| Signature |  | Date |  |

### Vice-Chancellor’s / Chief Executive Officer’s Declaration

I support this nomination on the basis of the attached documentation. I undertake to support this nominee in the activities associated with the Fellowship in accordance with the attached statement of institutional support.

I confirm that the information above is true and correct and that the nominee named on this form is currently a staff member of this institution.

I confirm that I have read, acknowledge and accept the Privacy Notice in this form.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Institution |  | | |
| Signature |  | Date |  |

### Details of Institutional Contact Officer for Fellowships

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Position |  | | |
| Email address |  | | |
| Telephone |  | Fax |  |