

REQUEST FOR VISITOR AND OCCUPATIONAL TRAINEE FORM

When to use this form: This form is to be used for all domestic and international visitors to the University.

Definition of a visitor: A staff member of another national or international institution or organisation who is formally invited to visit Monash University for the purpose of observing or who will make a contribution to the research, teaching and/or a related activity or service of the University. Visitors may be attending Monash University on a paid or unpaid basis.

SECTION 1 – ORGANISATIONAL UNIT AND POSITION DETAILS											
ORG UNIT TITLE						ORG UNIT NO					
FACULTY / DIVISION / CENTRE						CAMPUS					
POSITION NUMBER											

COST CENTRE				FUND				%			

SECTION 2 – PURPOSE OF VISIT			
Research	<input type="checkbox"/>	Academic (Teaching)	<input type="checkbox"/>
Occupational Trainee	<input type="checkbox"/>	Conference / Event	<input type="checkbox"/>
Technical	<input type="checkbox"/>	Exchange	<input type="checkbox"/>
Observation	<input type="checkbox"/>		

SECTION 3 – VISITOR'S DETAILS			
Quote previous Monash University Personnel Number (if applicable)			
Title	Family Name	Given Name(s)	
Residential Address (in country of origin)		Date of Birth: ___ / ___ / ___ (DD/MM/YYYY)	
Postcode		Telephone No ___ - _____	
Residential Address (while in Australia)		Telephone No ___ - _____	
Postcode			
Home Institution Name:		Home Institution Address:	
Email Address:		Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	
Citizenship: Does the visitor have Australian Citizenship? Yes <input type="checkbox"/> No <input type="checkbox"/>		If No - state the visitor's citizenship:	
Is the visitor currently in Australia? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes - state the visitor's existing visa arrangement: <i>Evidence must be attached or provided</i>	
Country of residence for tax purposes:		Visitor ABN (if applicable):	

SECTION 4 – POSITION DETAILS		
(A) Period of Visit	Start Date ___ / ___ / _____	End Date ___ / ___ / _____
(B) Allowances, Costs and Reimbursements to Visitor - Note: Not all visitors are eligible for payments.		
Type of Payment - Yes or No must be ticked - If you tick "Yes", please provide details	Please specify type	Amount
Fee for Service Yes <input type="checkbox"/> No <input type="checkbox"/>	Single Payment <input type="checkbox"/>	\$ _____ Total

Living Away From Home Allowance <i>(paid via Payroll)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	Accommodation <input type="checkbox"/>	\$ _____ per week
	Food <input type="checkbox"/>	\$ _____ per week

(C) Expenses/ Reimbursement - Yes or No must be ticked – If you tick “Yes”, please provide details				Direct Payment	Reimburse
Accommodation	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>(Provide name & address of accommodation below in Section E)</i>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Food expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>(visa etc)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Please specify</i> _____ _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Health Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Travel Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>	Airfare <input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
		Kilometric Rate <input type="checkbox"/>	\$ _____	N/A	<input type="checkbox"/>
		Taxi fares <input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

(D) Occupational Trainees Accommodation Arrangements - Please advise how accommodation has been provided	
<input type="checkbox"/> Receiving Scholarship	<input type="checkbox"/> Arranged for & paid by home institution
<input type="checkbox"/> Private arrangement	<input type="checkbox"/> Arranged for & paid by Faculty/Dept
<input type="checkbox"/> Living Away From Home Allowance	
(E) Address Details if arranged for or paid by Monash	

Supervisor Name & Position		Supervisor Contact Number	
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SECTION 5 – ADDITIONAL COMMENTS <i>Please include any specific terms and conditions which relate to this position and a brief description of the activity to be undertaken</i>
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SECTION 6 – AUTHORISATION OF ORGANISATIONAL UNIT

In recommending this appointment I am satisfied that: -

1. The person named in Section 2 is appropriately qualified and/or experienced to carry out the proposed duties and has the appropriate visa authorisation allowing this appointment;
2. Funds are available and I authorise payment for the specified work.

Authorisation 1 - Head of Department/Organisational Unit	Authorisation 2 – Dean or equivalent
Signature	Signature
Please print name	Please print name
Contact Extension No Date ___ / ___ / ___	Contact Extension No Date ___ / ___ / ___

SECTION 7 – CHECKLIST

Please use the checklist below to ensure all necessary information has been included in the form and the appropriate documentation has been attached.

1. *Provided cost centre and fund code and position number*
2. *Included all the required visitor's details, payment and accommodation details*

FOR HR OPERATIONS USE ONLY			
Processed	Date	Checked	Date

For assistance please contact HR Enquiries on ext 20400

Please return completed form to HR Operations, Human Resources Division, Monash University VIC 3800
Human Resources Division privacy collection statement is located at <http://privacy.monash.edu/guidelines/collection-personal-information.html#hr>