



**HUMAN RESOURCES
FUNDING ARRANGEMENTS FOR CLINICAL ACADEMIC APPOINTEE**

To be completed prior to appointment and for subsequent changes to funding arrangements.

NOTE: UWA School is required to complete a Recommendation to Offer New Employment Contract form in conjunction with this document.

SECTION 1 - PERSONAL DETAILS

UWA Employee Number Position Number

Family Name First Names

Preferred First Name

Hospital Location Term of Appointment

UWA School

SECTION 2 - HOSPITAL SALARY (salary paid to the employee by the hospital)

| | | Funding % | |
|------------------------------|----|-----------|------------|
| | | UWA % | HOSPITAL % |
| Base Salary | \$ | | |
| Private Practice Allowance | \$ | | |
| Head of Department Allowance | \$ | | |
| Superannuation | \$ | | |

SECTION 3 - UWA SALARY (salary paid to the employee by the University)

| | | Funding % | |
|--------------------------|----|-----------|------------|
| | | UWA % | HOSPITAL % |
| Salary Level | | | |
| Base Salary | \$ | | |
| Clinical Loading | \$ | | |
| Head of School Allowance | \$ | | |
| Other | \$ | | |
| Superannuation | \$ | | |

SECTION 4 - START UP GRANT (where negotiated)

SECTION 5 - RELOCATION ARRANGEMENTS (where agreed)

Airfares:

Removal:

Initial Accommodation:

(can only be accessed 7 days prior to commencement)

SECTION 6 - OTHER COMMENTS

AGREED AND ACCEPTED

Name (please print)

Chief Executive Hospital

Signature

Date (dd/mm/yy)

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Name (please print)

Dean, Faculty of Medicine, Dentistry & Health Sciences, University of Western Australia

Signature

Date (dd/mm/yy)

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

NOTE: Hospital funded position will be recouped by UWA from the relevant hospital on a fortnightly basis. The funding % will also apply to employment oncosts including superannuation.