



# APPLICATION FORM FOR SPHCM LOCAL RESEARCH SCHOLARSHIP 2012

**NOTE: Prior to filling in this form ensure that you have done the following**

- Read and understood all/any Guidelines relevant to the Scholarship being applied for
- Provided all relevant information and documentation. Incomplete application or missing documents will result in your application not being considered

**1. Scholarship Details**

2012 School of Public Health and Community Medicine Postgraduate Research Scholarship (3 years)

**2. Applicant Details**

UNSW Student number (if known):	
Family Name:	Given Name:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth (dd/mm/yyyy):
Postal Address (home):	
Suburb:	State:
Postcode:	Country:
Home Phone:	Mobile
Email address ( <b>compulsory</b> ):	

**3. Residential Status**

Are you an Australian Citizen or New Zealand citizen or an Australian permanent resident?	Yes <input type="checkbox"/> No* <input type="checkbox"/>
If <b>YES</b> , attach a certified copy of either your birth certificate, relevant pages of your passport or citizenship certificate and if applicable, proof of change of name, to this application form	*If you answer <b>NO</b> to this question you may <b>NOT</b> be eligible for this scholarship

**4. Supervision**

Have you consulted/ corresponded with a potential supervisor regarding your proposed research topic? Yes* <input type="checkbox"/> No <input type="checkbox"/>
<small>*(If you answered YES you must provide proof of this correspondence)</small>
Name of Proposed Supervisor* with whom you have consulted:
Name of Co-supervisor (if known):

**5. Current Scholarships**

Are you currently receiving any other award or scholarship?	Yes* <input type="checkbox"/> No <input type="checkbox"/>
If <b>Yes</b> , please provide information below	
What is the name of the award/scholarship	1. 2. 3.
What is the annual monetary value of the award (s)	1. 2. 3.
What is the exact duration of the award? Please provide Exact start and expiry date(s)	1. 2. 3.

**6. Academic Qualifications – Undergraduate & Postgraduate**

Details of Previous Study	Institution	Years of Enrolment		Year Graduated	Average Mark
		From	To		
<i>Eg. B.E</i>	<i>University of XYZ</i>	<i>2006</i>	<i>2010</i>	<i>2010</i>	<i>87</i>

## 7. Relevant Research Experience

### (a) Employment

Describe briefly your research experience (you may need to provide a separate statement)

Have you ever been employed in the area that is related to your field of study? Yes  No

If Yes provide details:

Employer #1:	Period of Employment	Years	Months
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Duties:

Employer #2:	Period of employment	Years	Months
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Duties:

### (b) Publications

Has your research been published? Yes\*  No

\*If YES, give names and dates of the publications/journals/books and the names of co-authors (include all publication to which you have contributed and in which you are named). Indicate in no more than 50 words your contribution to the publication(s)

If you have more than 2 publications, please list these in your attached CV

(i) 1<sup>st</sup> Publication

(ii) 2<sup>nd</sup> Publication

## 8. Checklist

The following checklist is designed to ensure that all the documentation is attached in order for us to process your application. Please complete the checklist. If there is any information that you are unsure of, or if you require further information, please contact Catherine Webster, [Catherine.webster@unsw.edu.au](mailto:Catherine.webster@unsw.edu.au)

I have:

Yes <input type="checkbox"/> No <input type="checkbox"/>		Additional Comments
Yes <input type="checkbox"/> No <input type="checkbox"/>	Fully completed the Local Research Scholarship application form	
I have attached certified copies or originals of the following:		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Academic transcripts, and grading systems, including evidence of graduation for all previously completed degrees/diplomas Where the course is not complete the current transcript must be provided and the final transcript submitted as soon as it becomes available	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Certified proof of my Australian or New Zealand citizenship, or of my Australian Permanent Residency or relevant pages of my passport	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Certified proof of name change (if applicable)	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Contacted a potential supervisor who is willing to oversee my research degree. And have provided evidence of this	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Provided any required/relevant supporting documentation Eg. Research proposal, CV	

## 9. Privacy Notification

The University of New South Wales (UNSW) acknowledges and respects the privacy of individuals. The information you provide on this application for is 'personal information' as defined by the Privacy and Personal Information Act, 1998 (NSW) (the Act). The information you provide is collected and held by the School of Public Health and Community Medicine in order to assess your application and for administrative and statistical purposes. You have the right of access to, and alteration of, the information concerning yourself in accordance with the Act and the UNSW Privacy Management Plan. The School of Public Health and Community Medicine will not disclose your personal information without consent and without due cause, except as required by law. You have the right to refuse this consent, but if the consent is not given your application may not be processed

## 10. For Declaration

### I have:

- Answered all the questions on this form truthfully
- Read any relevant Scholarship Guidelines and understand the eligibility criteria and conditions of award for this scholarship

### I agree to:

- Notify the School of Public Health and Community Medicine of any change to the information i have given in this application
- Authorise UNSW to obtain from any other education institution or relevant authority, at anytime, details which relate to my Scholarship application including information concerning my enrolment record, examination results, enrolment variation and attendance
- Abide by the School of Public Health and Community Medicine conditions of the award/scholarship as amended from time to time
- Comply with UNSW rules on admission, enrolment and other policies on the conduct of research
- Undertake to obtain ethical clearance and satisfy any other regulatory requirements before commencing any research to which those requirements may apply

### I understand that:

- UNSW may disclose information concerning this application to any person or body UNSW considers has legitimate interest in receiving it and I consent to such disclosure
- UNSW may vary or cancel any decision it makes if the information I have given is incorrect or incomplete
- I will not be sent notification that my application has been received
- I must not receive scholarships from different institutions simultaneously
- UNSW is not responsible for the loss of any documents submitted
- Submitted documents become property of UNSW
- My application processing will be delayed if I have not provided all documents as detailed throughout the form and on the checklist
- That if I am offered a scholarship, I will not be able to defer that offer
- My application will not be process if I have not confirmed that I agree with this statement by signing below
- Giving false or misleading information is a serious offence under the Criminal Code (Commonwealth)

Print full name	Signature	Date
<b>THIS APPLICATION MUST BE LODGED BY THE CLOSING DATE (31<sup>ST</sup> JANUARY 2012) ALL APPLICATION FORMS AND DOCUMENTATION NEED TO BE SNET TO</b>		
By mail: School of Public Health and Community Medicine Attn: Catherine Webster Room 241, Samuels Building, Kensington Campus University of New South Wales SYDNEY NSW 2052	By email with scanned PDF attachments: <a href="mailto:resdegree-sphcm@unsw.edu.au">resdegree-sphcm@unsw.edu.au</a>	By fax:  + 612 9385 1526