Hecht Clinician-Scientist PhD Scholarship

Faculty of Medicine, Dentistry and Health Sciences

THE UNIVERSITY OF MELBOURNE | FACULTY OF MEDICINE, DENTISTRY & HEALTH SCIENCES

APPLICATION FORM

Closing Date: August 2026

How to Apply

Application process:

1. Review the MDHS Trust Scholarship open for application, Terms and Conditions for Recipients of MDHS Graduate Research Trust Scholarships, and determine your eligibility using the information provided.
2. Return the application form and supporting documents to doherty-phdprogram@unimelb.edu.au by the closing date.

For enquiries contact:

Professor James McCarthy james.mccarthy@unimelb.edu.au or Professor Jason Trubiano jason.trubiano@austin.org.au.

Please include 'Hecht Trust Clinician-Scientist PhD Scholarship' in the subject line of the email.

Applicant Information

Title:		**Family Name:**		**Given Names:**	

UoM Application ID/ Student ID:	

Postal Address:	

Phone: (including area code)		**E-mail:**	

Date of Birth:	

Citizenship Status: (Select Only One)	Australian Citizen	Australian Permanent Resident	New Zealand Citizen	International Student (Other citizenship status)
	☐	☐	☐	☐

Are you currently enrolled in a Research Higher Degree at the University of Melbourne?	YES ☐	NO ☐

If yes, when did you commence your degree? If no, when do you plan to commence your degree?	/ /

Name the Higher Degree for which you propose to enrol or are enrolled in (eg. PhD, DMedSc, MSurg)	

Education

List highest qualification first

1st qualification

Name of degree:						
Year commenced:		**Last year of study:**		**Did you graduate?**	**YES** ☐	**NO** ☐
Institution Name:		**If you did not graduate, please explain why**				

2nd qualification

Name of degree:						
Year commenced:		**Last year of study:**		**Did you graduate?**	**YES** ☐	**NO** ☐
Institution Name:		**If you did not graduate, please explain why**				

3rd qualification

Name of degree:						
Year commenced:		**Last year of study:**		**Did you graduate?**	**YES** ☐	**NO** ☐
Institution Name:		**If you did not graduate, please explain why**				

Proposed Research

1. Subject/Title of proposed research (no more than 100 characters)

2. Proposed research:

Brief background and research plan (include references). Give details of specialised training.
(Maximum of two pages will be accepted)

3. Summary of future objectives:

4. How will the Hecht PhD Scholarship support you to complete your research program? (350 words maximum) (FRS are awarded as support for the graduate research student in the form of stipends and scholarships (and in specific cases as support for travel costs). Funds will not be awarded for equipment purchases or other costs associated with research support.)

5. Proposed Supervisor *(List Primary Supervisor first)*

Title:		Given Names:		Family Name:	
Department:			Position:		

Title:		Given Names:		Family Name:	
Department:			Position:		

Title:		Given Names:		Family Name:	
Department:			Position:		

Referees

Please attach letter of recommendation from proposed supervisor

Checklist

1. Supporting Documentation - Choose one option only (a or b).		
a. My transcripts and up-to-date CV* are attached.		
b. My transcripts and up-to-date CV* were submitted with the University of Melbourne Application Form for Course and Scholarship. *(We will be able to retrieve these documents internally)*		
2.	I have signed and dated the Declaration.	
3.	My application has been signed by the Head of the Department/School	
4.	My referees have agreed to provide their reports by mid-August 2026.	
5.	I have read and understood the Privacy Collection Notice provided with this application form.	

* Refer to this website for a Guide to formatting your CV: https://study.unimelb.edu.au/find/courses/graduate/doctor-of-philosophy-medicine-dentistry-and-health-sciences/how-to-apply/ (See Step 4)

Declaration

I certify that all details given in this application are correct and that, if successful, I will hold the award in accordance with the current scholarship conditions of award. If this application leads to my being awarded a scholarship, I understand that false or misleading information in my application may result in the scholarship being withdrawn or other disciplinary action by the University of Melbourne.

Signature:		**Date:**

Certification by proposed Head of Department/School

I certify that appropriate facilities will be available to the applicant, if successful, for a period of two/three years, to allow the proposed studies to be undertaken.

Surname with Initials (Use block letters)		
Department / School		
Signature:		**Date:**

PRIVACY COLLECTION NOTICE

1. The information on this form is being collected by the Faculty of Medicine, Dentistry and Health Sciences. You can contact us on mdhs-scholarships@unimelb.edu.au.
2. The information is being collected in order to consider your application for MDHS Graduate Research Trust Scholarships.
3. You can access any personal information the UNIVERSITY holds about you. Contact the Privacy Officer (privacy-officer@unimelb.edu.au) to find out more.
4. The information will be used by authorised staff for the purpose for which it was collected and will be protected against unauthorised access and use.
5. Information may also be passed on to other organisations if permitted or required by law or for the appropriate administration of the trust fund from which the scholarship derives.
6. If you do not provide all the information that is requested on this form, it may not be possible to consider you for a MDHS Graduate Research Trust Scholarship.

The University has a detailed Privacy Policy: http://policy.unimelb.edu.au/MPF1104 and you can contact the Privacy Officer with any question about how the University deals with personal information.