## APLICATION FORM

Closing Date: 31 October 2018

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| How to Apply |

Application process:

1. Complete the application form for the John Landman PhD scholarship supplying any documents or information requested.
2. Arrange for referees to return their completed report forms to [mdhs-scholarships@unimelb.edu.au](mailto:mdhs-scholarships@unimelb.edu.au?subject=FRS%20Application) by the closing date.
3. Return the application form and supporting documents to [mdhs-scholarships@unimelb.edu.au](mailto:mdhs-scholarships@unimelb.edu.au?subject=FRS%20Application) by the closing date.

Enquires should be directed to: [mdhs-scholarships@unimelb.edu.au](mailto:mdhs-scholarships@unimelb.edu.au?subject=FRS%20Enquiry)

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| Applicant Information |

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

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| **UoM Application ID/ Student ID:** |  |

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| **Postal Address:** |  |

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

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| **Date of Birth:** |  |

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| **Citizenship Status:**  (Select Only One) | Australian Citizen | Australian Permanent Resident | New Zealand Citizen | International Student (Other citizenship status) |
|  |  |  | (Ineligible for this scholarship) |

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| **Please advise whether you:** | Yes | No |
| Are an Indigenous Australian or Torres Strait Islander |  |  |
| Are a current holder of a Humanitarian Visa or with a previous status as a refugee |  |  |

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| **Are you undertaking a research relevant to eye health?** | Yes | No (Ineligible for this scholarship) |

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| **Will you be undertaking a PhD in the Faculty of Medicine, Dentistry and Health Sciences?** | Yes | No (Ineligible for this scholarship) |

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| **Proposed Enrolling Department** |  |

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| **When do you plan to commence the PhD?** | / / |
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| **Enrolment category** | Full Time | | Part Time  (Ineligible for this scholarship) |
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| Education | | | | |

## List highest qualification first

## 1st qualification

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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)**

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**2. Proposed research:**

Brief background and research plan (include references). Give details of specialised training.

(Maximum of two pages will be accepted)

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**3. Summary of future objectives:**

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**4. How will the John Landman PhD scholarship** **support you to complete your research program? (350 words maximum)** (The scholarship is awarded as support for the graduate research student in the form of stipend. Funds will not be awarded for equipment purchases or other costs associated with research support.)

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**5. Demonstrated Financial Need** (Please describe any financial disadvantage that you currently experience. Attach supporting documents if available.)

*(Students who believe they experience significant financial need but do not receive income support payments from Centrelink need to provide evidence of financial need, including an explanation for the absence of support payments from Centrelink).*

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

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

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

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

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| Referees |
| Applicants are asked to provide two referees reports in support of their application.  Details of the referees should appear below.  ***NB:*** *It is the applicant’s responsibility to ensure the referees’ reports are sent to* [*mdhs-scholarships@unimelb.edu.au*](mailto:mdhs-scholarships@unimelb.edu.au) *by* ***31 October 2018.*** |

## Referee 1

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  | Relationship to applicant: |  | | |
| Organisation Name: |  | | | Phone: |  |
| Address: |  | | | | |
| Email: |  | | | | |

## Referee 2

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  | Relationship to applicant: |  | | |
| Organisation Name: |  | | | Phone: |  |
| Address: |  | | | | |
| Email: |  | | | | |

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| 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 31 October 2018. |  |
| 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)

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| 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:** |

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| 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](mailto: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](mailto: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](mailto:privacy-officer@unimelb.edu.au) with any question about how the University deals with personal information.

IN CONFIDENCE

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| Referee Report | |
| **The University of Melbourne**  **Faculty of Medicine, Dentistry and Health Sciences**  ***John Landman PhD Scholarship*** | |
| **Closing Date** | **31 October 2018** |
| Application for an Award by |  |
| of (Institution) |  |
| Short project title: |  |
| **Note to Applicants:** Please complete the above and forward to your two nominated referees with a copy of the completed application form and curriculum vitae. It is your responsibility to ensure that the referee reports are sent to [mdhs-scholarships@unimelb.edu.au](mailto:mdhs-scholarships@unimelb.edu.au) by **31 October 2018.** | |
| **Note to Referee:** Please comment on the applicant’s academic performance and ability to pursue research or higher studies. | |

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| Name of Referee |  | |
| Appointment |  | |
| Dept. or Institution Address: |  | |
| **Signature** |  | **Date** |
| Please forward to: [mdhs-scholarships@unimelb.edu.au](mailto:mdhs-scholarships@unimelb.edu.au) | | |