**Submit Applications as a PDF attachment to:** [siouxzy.morrison@unimelb.edu.au](mailto:siouxzy.morrison@unimelb.edu.au)

Please include *“Merlie Ivy PhD Scholarship”* in the subject line of the email

PART A: APPLICANT DETAILS

# Contact Details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant Name: | |  | | |
| Home Address: | |  | | |
| Email: |  | | Mobile Phone: |  |

# Details of Where Research is to be Conducted:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Department where research is to be conducted: | | Department General Practice, Melbourne Medical School | | |
| Primary Supervisor: |  | | Other Supervisors: |  |
| Secondary Supervisor: |  | |

# Research Higher Degree Details:

|  |  |  |  |
| --- | --- | --- | --- |
| Title of Research Project: |  | | |
| Actual/Expected Candidature Start Date: |  | Candidature End Date: |  |

PART B: TRACK RECORD

# Academic Qualifications:

Enter details of your academic degrees in date order beginning with the most recent

Please provide your full academic transcript, including undergraduate and post graduate courses

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Degree | University | Department | Start Date | End Date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Research Related Experience:

Provide details of any research related experience in date order beginning with the most recent

Include the Full Time Equivalent (FTE) for your current position

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Role | Organisation Name | Department | Start Date | End Date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Scholarships Awarded:

Enter details of all scholarships you have been awarded for your current/commencing degree

For multiple year scholarships please enter the total amount awarded

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Scholarship: | Funding Body | Amount Awarded | Start Date | End Date |
|  |  | $ |  |  |
|  |  | $ |  |  |
|  |  | $ |  |  |

# List of Publications:

Enter the full reference for each of your publications  
Number publications chronologically, listing the most recent first

|  |
| --- |
|  |

# Scientific/Medical Conference Attendance:

Enter details (name of conference, year, location) of any scientific/medical conferences you have attended. Number conferences chronologically, listing the most recent first

If you presented at the conference, please include details (title and type of presentation) of your presentation

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# Prizes and Awards:

Number prizes and awards chronologically, listing the most recent first

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# Other Relevant Information:

Please provide details of any other contributions you feel are relevant to this application. For example, details of any grants on which you are named, guidelines that you wrote/contributed to, policies that you influenced, professional memberships that you hold etc.

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PART C: DESCRIPTION OF RESEARCH PROJECT

Provide a brief description of the research project and its relevance to primary care & cardiovascular disease using the headings provided below

***Maximum 3 pages*** (form will expand to accommodate text)***.***

# Background and Aims:

List the specific aims of the research

If hypotheses are to be tested, they should be clearly stated

Provide a summary of the relevant literature that provides the basis for the proposed project

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# Methods:

Briefly detail the methodology you intend to adopt to achieve your research aims

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# Expected Outcomes and Significance:

Describe the potential clinical significance and relevance to primary care & cardiovascular disease of your research project. Describe the expected impact of the scholarship on your clinical career

|  |
| --- |
|  |

PART D: DECLARATIONS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Name: | | |  | | | | |
| Applicant | | | | | | | |
| *I certify that*   * all details given in this application are correct * I have provided all relevant attachments * I agree to abide by the conditions of the PhD Scholarship. | | | | | | | |
| Signature: | |  | | | Date: | |  |
| Supervisor Statement | | | | | | | |
| Supervisor Name: | | |  | | | | |
| Email: |  | | | | Ph: | |  |
| *I certify that*  *I support the application and consider that the research activities outlined therein will benefit the development of the student’s research career.* | | | | | | | |
| Signature: | |  | | | Date: | |  |
| Head Of Department | | | | | | | |
| Name: | | |  | Department: | |  | |
| Email: |  | | | | Ph: | |  |
| *I certify that*   * the research described in this application is strategically relevant to the department * the Department has all necessary resources required to support the project. | | | | | | | |
| Signature: | |  | | | Date: | |  |

# Checklist:

All sections completed  All declarations signed

Academic transcript attached  All pages combined in single PDF