

Higher Degree by Research Scholarship Application Form

(Industry Doctoral Training Centre Scholarship)



NOTES FOR APPLICANTS

- Please complete all pages of this form.
- Make sure you complete all relevant sections of the form.
- Send your completed application and supporting documentation to the contact person listed on the individual scholarship.

PERSONAL DETAILS

Name: _____
Title Family name First Given Name Second Given Name

Previous Name: _____ Student ID number: _____
Any previous family name (if applicable) (if known)

Date of Birth: _____ Gender: _____

Address details: _____
Street address or GPO Box
Suburb or town State or country Postcode

Contact telephone number Mobile phone number Fax number

Email address: _____

Aboriginal or Torres Strait Islander status: Aboriginal Both Aboriginal and TSI
Torres Strait Islander None of the above

Disabilities: Do you have a disability or medical condition which may affect your studies? If "Yes", please indicate below any disability that applies. Yes No
Hearing Learning Medical Vision Mobility Other
Would you like information on support services? Yes No

CITIZENSHIP

Citizenship Status:

- Australian citizen
- New Zealand citizen
- Permanent Visa Holder
- Permanent Humanitarian Visa Holder
- Other

Permanent Residents only

Date residency granted:

Did you meet residency requirements for citizenship more than one year ago? Yes No

Will you be residing in Australia during the study period? Yes No

Country of birth (if not Australia) _____ Year of entry (to Australia) _____ Main language spoken at home _____

ACADEMIC DETAILS

Degrees and Awards:

Original or certified copies of academic transcripts, showing all subjects attempted and grades received, except for studies undertaken at Flinders University, MUST be attached to this application.

Are you currently enrolled/previously been enrolled in a research higher degree? Yes No (If yes, provide details below)

List in chronological order all university or other post-secondary courses attempted or completed:

Name of Degree/Award	Institution	Major Field of Study	Attempted but not completed (Enter year last enrolled)	Completed or about to complete (Enter year last enrolled)

Research Experience: A brief summary of your research experience must be attached.

Include details of any publications, research grants, patents, or employment experience relevant to your proposed research project.

Academic referees: Provide the names and contact details of one or up-to two academic referees.

The College may contact the nominated referees in relation to your application. Nominated academic referees should have an informed, personal and professional knowledge of your academic ability and should be able to exercise judgement of your research potential. It is recommended that you select the supervisor of the most recent tertiary program in which you are/were enrolled or the Head of Department or the Postgraduate Coordinator of the Department.

First Referee	Second Referee
Name:	Name:
Position:	Position:
Address:	Address:
Email:	Email:

APPLICATION FOR ADMISSION TO A HIGHER DEGREE BY RESEARCH

Broad field of study:

[Empty text box for Broad field of study]

Proposed supervisor of research:

Expected date of commencement:

Indicate the number of hours per week available to pursue studies:

APPLICATION FORM CHECKLIST

HAVE YOU PROVIDED?

A brief summary of your research experience including details of any publications, research grants, or employment experience relevant to your proposed research project.

A complete copy of the application and all supporting documents including your CV

A research proposal approximately 500 words in length

Send your application (including the checklist) with supporting documentation to the contact person listed on the individual scholarship [webpage](#).

DECLARATION

I certify that to the best of my knowledge all documentation and information submitted or made available by me to the University, whether in relation to any course of study or otherwise, is true, accurate and complete. I acknowledge that the provision of inaccurate or incomplete information by myself, or a certifying authority, may result in the withdrawal of any offer of enrolment, the cancellation of any enrolment allowed on the basis of acceptance of that offer and/or the cancellation of a scholarship at any time prior to or during my enrolment. I consent to the collection, storage and disclosure of information relating to record falsification or other irregular acts in accordance with Universities Australia procedures. I authorise Flinders University to obtain from other educational institutions details of my enrolment and academic record at those institutions. I authorise Flinders University to release information on my application for a scholarship to organisations offering scholarships for which I may be eligible.

Signature of Applicant _____ Date _____

Giving false or misleading information is a serious offence under the Criminal Code (Commonwealth).