## CCDE MECSH project application form for PhD / Master by Research

Please refer to the CCDE MECSH Scholarship information sheet before completing this form

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| **SECTION A – Your details** | | | | |
| **Name:** | | | **Email:** | |
| **Postal address:** | | | **Phone number:** | |
| **Enrolling Institution** | *The institution where you are enrolled or planning to be enrolled for your course of study* | | | |
| **Type of enrolment** | *The type of enrolment you wish to apply for or are enrolled in*  PhD  Masters of Research | | | |
| **Proposed or actual enrolment date** | *The date you commenced your enrolment if already enrolled, or the date you plan to enroll in your course of study* | | | |
| **Full time / Part time** | *Please state if you plan to enroll in full or part time study* | | | |
| **Are you an Australian Citizen or Permanent Resident?** | *Please state your residency status. If you hold Permanent Residency, please provide evidence of your residency status along with your application form* | | | |
| **Do you identify as Aboriginal and/or Torres Strait Islander** | *For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes*  No  Yes, Aboriginal  Yes, Torres Strait Islander | | | |
| **Other funding received or applied for** | *Please detail any funding and scholarships already secured or that you will apply for the commencing academic year* | | | |
| **SECTION B – Supervisor details** | | | | |
| Please note – Supervision must be discussed with a MECSH senior researcher: your primary supervisor must be a CCDE/Menzies Investigator. | | | | |
| **Proposed Supervisor (s):**  *Briefly outline contact with MECSH Investigators and other potential supervisors regarding availability and areas of expertise related to your project. Mark t.b.c. below if not yet confirmed.* | | | | |
| **Primary Supervisor** | | | **Associate Supervisor** | |
| Name: | | | Name: | |
| Position: | | | Position: | |
| Institution: | | | Institution: | |
| Email: | | | Email: | |
| Phone: | | | Phone: | |
| **SECTION C – Academic, professional, and personal background** | | | | |
| **Qualification** | | **Institution** | | **Year** |
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| **Research experience and/or research-relevant skills:**  *Please describe any research experience and/or skills. These may be through academic studies or through work experience. Maximum 1-2 paragraphs.* | | | | |
| **Publication and presentations:**  *Please list any publications and conference presentations. This may include non-refereed articles and non-academic publications.* | | | | |
| **Experience/knowledge of Indigenous Affairs:**  *Please describe your experience and/or knowledge that you have regarding Aboriginal and Torres Strait Islander affairs. This could be from professional, academic, and/or personal experience. Maximum 1-2 paragraphs.* | | | | |
| **What do you know about Aboriginal and Torres Strait Islander child development and wellbeing?** *Maximum 1-2 paragraphs.* | | | | |
| **Where are your priorities in the area of Aboriginal and Torres Strait Islander research?** *Maximum 1-2 paragraphs.* | | | | |
| **SECTION D – Project details** | | | | |
| **Project** | I am interested in a project listed on the information sheet. Number of  project area: …………    New proposed project (please complete next sections outlining your proposed project title and description) | | | |
| **Project title:** | | | | |
| **Project description (1-2 paragraphs):**  *Briefly set out your understanding of the project and explain its relationship to the evaluation of MECSH.* | | | | |
| **Project outcomes (Maximum 1 paragraph):**  *State the intended clinical, public health, or social knowledge contribution of your project. What outcomes does your project seek to address?* | | | | |
| **Project feasibility:**  *Outline your knowledge and expertise in your chosen area of study, any existing contact you have with relevant institutions and/or communities, or other matters relevant to the feasibility of your proposal.* | | | | |
| **SECTION E – Referee details: people who you know in an academic or professional capacity** (include at least one current supervisor if already enrolled) | | | | |
| Name: | | | Name: | |
| Position: | | | Position: | |
| Institution: | | | Institution: | |
| Email: | | | Email: | |
| Phone: | | | Phone: | |
| **SECTION F – Signatures** | | | | |
| ……………………………………………………………..................................................………….. ………………………………  Applicant’s name and signature Date  ……………………………………………………………..................................................………….. ………………………………  Supervisor’s name and signature (CCDE CI or AI) Date | | | | |

Please submit completed forms to [Erin.Higgins@menzies.edu.au](mailto:Erin.Higgins@menzies.edu.au) along with the following supporting documentation:

* Current CV
* Copies of certified academic transcripts
* Proof of Residency (not required for Australian citizens)
* Copy of submitted PhD or Masters by Research Candidature Application or proof of enrolment (if applicable)

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| **SECTION G – Final approvals (office use only)** | | |
| **Gary Robinson** | **Signature** | **\_\_\_ / \_\_\_ / \_\_\_**  **Date** |
| **Ruth Wallace** | **Signature** | **\_\_\_ / \_\_\_ / \_\_\_**  **Date** |