

# THE UNIVERSITY OF MELBOURNE

## FACULTY OF MEDICINE, DENTISTRY AND HEALTH SCIENCES

### Faculty Postgraduate Capacity Building for Research Bursaries for Indigenous Australians



#### IMPORTANT

Submit an **ORIGINAL** and **5 copies** with **CURRICULUM VITAE** included.

Please ensure that referees' reports (appendix 1) are submitted by the closing date to:

The Resources and Scholarships Officer  
The Faculty of Medicine, Dentistry and Health Sciences  
The University of Melbourne  
Level 6, Medical Building  
Grattan Street  
Parkville VIC 3010

**NAME of Applicant:** .....

**THE UNIVERSITY OF MELBOURNE**

**FACULTY OF MEDICINE, DENTISTRY AND HEALTH SCIENCES**

**Faculty Postgraduate Capacity Building for Research Bursaries for Indigenous  
Australians**

**Closing date: 11 March 2005**

**PERSONAL DETAILS**

**1. Full name of applicant**

Title: Dr/Mr/Ms/Mrs/Miss

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Surname

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Given Names

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**2. Date of birth**

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**3. Current address**

Address:	
	Postcode:
email	
Ph:	Fax:

## **ACADEMIC RECORD**

### **5. Qualifications**

Most recent and highest Academic Qualifications:	Year	Conferring Institution	Degree
(i)			
(ii)			
(ii)			

### **6. Proposed Research Interest**

Please describe in no more than 300 words how you intend to use your coursework degree to pursue research interests. This may include further higher degree research, or research which is relevant to your community.

**7. Proposed coursework program**

Set out fully the coursework program

**8. Have you been accepted by the appropriate school for your coursework program?**

Yes  No

Date of enrolment

Program for which you propose to enrol or are enrolled in

## 9. Referees' Reports

Applicants are required to arrange for **two** confidential reports (forms attached) to be forwarded to the Resources and Scholarships Officer, Faculty of Medicine, Dentistry & Health Sciences by the closing date for this application. The referees should report on the applicant's academic performance and capacity to pursue research or higher studies.

It is the applicant's responsibility to ensure that the referees' reports are received by 11<sup>th</sup> MARCH, 2005.

### Nominated Referee #1

Name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	Postcode:
Telephone/Facsimile	
Ph:	Fax:
email	

### Nominated Referee #2

Name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	Postcode:
Telephone/Facsimile	
Ph:	Fax:
email	

## CERTIFICATION

### 10. Certification by Applicant

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.

**I also certify that I am of Aboriginal or Torres Strait Islander descent, I identify as Aboriginal or Torres Strait Islander and I am accepted by my community as such.**

Signature

Date

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### 11. Certification by proposed Head of Department/School

I certify that appropriate facilities will be available to the applicant, if successful, for the duration of the program, to allow the proposed studies to be undertaken.

Use block letters

Department/School

Surname Initials	Title	
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Signature

Date

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### 12. GUIDELINES TO CURRICULUM VITAE

**The following headings are to be included in the accompanying curriculum vitae.**

- Full name
- Address, telephone, facsimile and email contact
- Date and place of birth
- Full details of education, tertiary qualifications, employment and undergraduate results must be included
- Details of awards
- Details of professional affiliations
- Details of professional activities

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FACULTY OF MEDICINE, DENTISTRY AND HEALTH SCIENCES

Faculty Postgraduate Capacity Building Research Bursaries for Indigenous Australians

Application for Capacity Building Research Bursaries by: (applicants name)

.....

**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 referees reports are received in the Faculty Administration Unit by March 11.

Name of Referee: .....

Appointment: .....

Dept. or Institution Address: .....

Signature: ..... Date: .....

Please forward to:

Resources and Scholarships Officer

Faculty of Medicine, Dentistry and Health Sciences

The University of Melbourne

Grattan Street Parkville Victoria 3010

Fax: 9347 7854

Email: [jyv@unimelb.edu.au](mailto:jyv@unimelb.edu.au)