



THE UNIVERSITY OF
MELBOURNE

PHIRST
(Population Health Investing in Research Students' Training)
HIGHER DEGREE BY RESEARCH FUNDING SCHEME
APPLICATION FORM

Closing date for ROUND 1 Applications: Friday 22nd April 2011
Closing date for ROUND 2 Applications: Friday 14th October, 2011

Applicant Details (please print clearly)

Title: _____ Surname: _____ Given Name(s) _____
Address for Correspondence: _____
Suburb: _____ State: _____ Post Code: _____
Phone: _____ (Home) _____ (Work) _____ (Mobile)
Student Email Address: _____
Student Number:

Research Higher Degree Course Details

Please indicate which Research Higher Degree Course you are currently enrolled in:

Doctor of Philosophy Master of Philosophy (MPhil)

Thesis title (or research topic): _____

Month and Year Candidature commenced:

Month Year

Expected thesis submission date:

Day Month Year

Enrolment load: Full-time Part-time

Employment status: Waged Unwaged Scholarship holder

Please indicate any scholarship/studentships which you have received while enrolled in this course

Name of Principal Supervisor: _____

Ethics Approval

- In preparation
 Pending
 Approved (please provide evidence of approval)
 Other: _____

Purpose of the Application

What is the main purpose of this application (tick one that applies):

- Attendance and presentation at a conference
 Equipment and supplies
 Fieldwork expenses
 Other (please specify): _____

Briefly summarise what you are seeking support for (max 300 words)

If your application is successful, how do you anticipate this funding will benefit your research project?

Budget

Do you have access to any external/other sources of funding for the research degree that are the subject of this application?

Yes

No

If YES, please specify the type and amount of funding available: _____

Provide a budget of the expenses you are applying for in the table below:

Costs	Total cost	Amount received from other sources	Amount requested in this application
Conference registration			
Accommodation			
Travel			
Equipment			
Other (specify)			
TOTAL COSTS			

Please **ATTACH** detailed justification for each of the items requested in this table, and information on any amounts received.

Have you requested funding for any of these expenses from another source, where the decision is pending? Yes No

If YES please state source: _____

When do you expect to know the outcome? _____

Attachments

Please indicate which of the following are relevant to your application (you **MUST** attach supporting documentation)

- conference details, including registration and accommodation costs (eg. registration form, etc)
- written quotation for cheapest airfare/mode of transport
- copy of abstract submitted to conference
- confirmation of acceptance of abstract (if received)
- copies of letter or invitation to visit
- quotations for equipment etc
- other relevant documents (please specify)

Previous Sources of Funding

Please detail ALL previous and current sources of funding or other types of support you have received during your candidature (include dates, amounts and details of source):

How does this application differ from previously funded applications?

Supervisor Endorsement

To be completed by the Principal Supervisor:

I support this application:

Name of Principal Supervisor (Please Print): _____

Signature: _____ Date: _____

Centre/Unit/Location: _____

Student Declaration and Signature

I have read the Melbourne School of Population Health Higher Degree by Research Funding Scheme (PHIRST) Guidelines, and understand that application for funding under the PHIRST grant scheme is competitive, the amount awarded may be less than the amount applied for, and applications for funding outside the guidelines, or in the opinion of the Higher Degree Research Training Committee I do not satisfy the guidelines, and are not endorsed by the principal supervisor, will not be considered. I also understand I will have to supply receipts or other evidence of spending and, if I am awarded funding under this scheme I must use the funds within 12 months of their being awarded and submit a written report within 6 months of expending the funds awarded.

Name of Applicant (Please Print): _____

Signature: _____ Date: _____

Please return your completed application form and all supporting documentation to:

Academic Programs Office
Melbourne School of Population Health
Level 4, 207 Bouverie Street
The University of Melbourne
Victoria 3010.

The University's Privacy Policy can be viewed at:

<http://www.unimelb.edu.au/unisec/privacy/studentinfo.html>

This website provides detailed information about the contact details, complaints procedures and other aspects of the University's privacy regime.

Please note CLOSING DATES for applications:

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APPLICATIONS WITHOUT YOUR PRINCIPAL SUPERVISOR'S SUPPORT OR LATE APPLICATIONS WILL NOT BE CONSIDERED