

To accompany HDR01-Application for Admission.

CLOSING DATE FOR SCHOLARSHIP APPLICATIONS 31 OCTOBER FOR SEMESTER 1 2019 COMMENCEMENT

Which, if any, of the scholarships listed on this form do you want to apply for?

(Please tick all relevant boxes)

Domestic Research Training Program (RTP) Stipend Scholarship

International Research Training Program (RTP) Stipend Scholarship

Other (please specify) _____

If you are not granted a scholarship, do you still wish to have your Application for Admission to a Higher Degree by Research considered?

Yes

No

SECTION 1 COURSE DETAILS

In which College or research area do you wish to study? _____

In which degree do you wish to enrol?

Masters by Research

Doctor of Philosophy

In which broad field of study or research do you wish to work? _____

If you are granted an award or scholarship, when will you be able to begin study? (DD/MM/YYYY) ____ / ____ / ____

NOTE: If you are granted an award or scholarship, you must commence your study by **31 March** of the year of the grant unless approval is given, by Charles Darwin University's Deputy Vice-Chancellor, for you to commence at a later date.

If you have already begun the degree for which you are seeking an award or scholarship, please give the commencement date of this degree. (DD/MM/YYYY) ____ / ____ / ____

Have you already contacted the College in which you wish to study?

Yes

No

NOTE: If you have not already been in contact with the College or identified a supervisor, you are strongly encouraged to do so, in order to ensure timely processing of your application.

Please provide the name of the potential supervisor or College academic with whom you have been in contact.

SECTION 2 SCHOLARSHIPS INFORMATION

Are you currently receiving a postgraduate scholarship?

Yes

No

If yes, what is the name of the scholarship? _____

At which institution was the scholarship granted? _____

What is the duration of the scholarship? (DD/MM/YYYY) From ____ / ____ / ____ To ____ / ____ / ____

Give a brief description of the study or research being financed by the scholarship.

Have you previously received a postgraduate scholarship?

Yes

No

If yes, what is the name of the scholarship? _____

At which institution was the scholarship granted? _____

What is the duration of the scholarship? (DD/MM/YYYY) From ___ ___ / ___ ___ / ___ ___ ___ ___ To ___ ___ / ___ ___ / ___ ___ ___ ___

What was the degree being undertaken? _____

Did you complete the degree for which the scholarship was provided?

Yes

No

If you have applied for other scholarships this year, please indicate below

Name of scholarship

Name of Institution

Provide employment details if relevant to your application (begin with the most recent)

Employer

Position Title

Period of Employment (MY – MY)

If you are applying for admission and scholarship based on previous experience (Equivalence), please complete and attach HDR37 Existing Research Outputs form and HDR38 Recognition of Professional Attainment form.

Briefly describe your research experience (ensure the details of any research experience and published outputs are included in your Curriculum Vitae). If you require further space, please attach additional pages to your application.

SECTION 3 ACADEMIC REFEREES

Title (Dr, Prof, etc.) _____ Surname _____ Given name _____

Postal address _____ Suburb _____

State _____ Postcode _____ Email _____

Title (Dr, Prof, etc.) _____ Surname _____ Given name _____

Postal address _____ Suburb _____

State _____ Postcode _____ Email _____

SECTION 4 MARKETING INFORMATION

How did you find out about the scholarship you have chosen?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> CDU website | <input type="checkbox"/> Newspaper advertising | <input type="checkbox"/> Radio advertising | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Current / previous student | <input type="checkbox"/> Friend / colleague / family | <input type="checkbox"/> School / university / college | <input type="checkbox"/> CDU Student Central |
| <input type="checkbox"/> Other website, please specify _____ | <input type="checkbox"/> Other, please specify _____ | | |

SECTION 5 DECLARATION AND SIGNATURE – ALL APPLICANTS TO COMPLETE

The information requested by this form is being collected by the University for the purpose of, amongst other things, providing education and training and appropriate facilities for students to undertake that education and training, and to administer schemes of financial and other assistance for students of the University, and in some cases, for compiling or reporting statistics. Your application is not valid and will not be processed if the relevant sections of this form are not completed in full and / or if all the required documentation is not attached (see Section 6: Checklist). Documentation must be submitted as certified copies as originals will not be returned. The University will not disclose the information provided by you on this form to third parties except to other educational institutions, to government bodies, as required or authorised by law or in accordance with our Privacy Policy, which is available on our website or on request from the University. You may obtain access to your personal information held by the University by contacting the Privacy Officer on (08) 8946 6666.

I declare that the information provided by me in this scholarship application is correct and complete. I authorise Charles Darwin University to obtain / verify results from any educational institution attended by me. I consent to the University collecting, storing and disclosing to relevant authorities information relating to my admission to Charles Darwin University. I understand that Charles Darwin University reserves the right to vary or reverse any Offer of Admission made on the basis of incorrect or incomplete information.

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

Signature of Applicant _____ Date _____