

SOUTH WESTERN SYDNEY CLINICAL SCHOOL SIMULATION SCHOLARSHIP

To ensure the safety of documents, **certified** photocopies rather than originals should be provided. Attach all requested documents including the names of two academic referees. Referees' reports are taken into consideration. Do not leave blanks (write N/A if the question is not applicable).

Unsuccessful applications will be destroyed after 1 March 2015. Application for an award does not constitute an application for enrolment.

APPLICANT'S DETAILS

1. Family Name _____ Given Names _____
2. Male ☐ Female ☐ 3. Date of birth (eg. 6 December 1964 = 06/12/04) _____
4. Postal Address (Home) _____ Telephone _____

_____ Facsimile _____
_____ Email _____
_____ Work: _____

RESIDENCY STATUS

5. What is your country of birth? _____
6. Are you a citizen of Australia or New Zealand?
- ☐ No If No, you must answer question 7
- ☐ Yes If Yes, you must attach a certified copy of either an original birth certificate, a citizenship certificate or the relevant pages of an Australian or New Zealand Passport. Go to question 8
7. Have you been granted Permanent Resident Status by the Department of Immigration and Multicultural Affairs?
- ☐ No If No, then you are not eligible for this award.
- ☐ Yes If Yes, you will be required to verify this if you are offered an award.

OTHER AWARDS/SCHOLARSHIPS

8. Have you applied for any other awards or scholarships for 2014?

☐ No Go to question 9 ☐ Yes If Yes, give details

Name of Award/Scholarship	Institution	Annual Value
<i>Eg. NHMRC scholarship</i>	<i>The University of New South Wales</i>	<i>\$15,000 p.a.</i>

OTHER AWARDS/SCHOLARSHIPS (continued)

9. Are you currently receiving a postgraduate award or scholarship?

☐

No

Go to question 10

☐

Yes

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

What is the annual monetary value of the award? \$ _____

What is the duration of the award? From _____ (dd/mm/yy) To _____ (dd/mm/yy)

Give a brief description of the study or research work you are financing/have financed with the award

Please attach a separate sheet detailing the allowances payable under this award, including the level of benefits and frequency of payments. It would be helpful if you could attach the formal advice sheet or information leaflet issued by the donor body.

10. Have you ever received an Australian government funded postgraduate award/scholarship before?

☐

No

Go to question 11

☐

Yes

If yes, what was the name of the award/scholarship? _____

At which institution was the award/scholarship granted? _____

For which qualification was the award/scholarship granted? _____

What was the duration of the award? From _____ (dd/mm/yy) To _____ (dd/mm/yy)

PROPOSED STUDY

11. Have you enrolled and commenced your research?

☐

No

Go to question 12

☐

Yes

If yes, indicate the day on which you commenced _____ (dd/mm/yy)

12. What degree do you intend to undertake?

☐

PhD

☐

Masters by Research

13. Which broad field of study or research do you wish to undertake?

Statement outlining your proposed research (max 1 page):

14. In which SWSCS Department do you wish to study? _____

(i) Proposed Supervisor's Name _____

(ii) Proposed co-Supervisor's Name _____

15. If you have not enrolled or commenced your research, has your enrolment been approved by the Head of the School/ Department?

☐

No

☐

Yes

16. If you were granted an award/scholarship, when would you be able to commence study? _____ (dd/mm/yy)

If you are offered a SWSCS postgraduate scholarship, you must begin full-time study within four (4) weeks of notification.

ACADEMIC QUALIFICATIONS

17. Details of all previous studies

NOTE: You must attach certified copies of your official academic record. The academic record must include a full transcript of all subjects undertaken, grades awarded, proof of completion and an explanation of the marking/grades system. If your documentation is not in English you must also attach certified English translations of the documents.

Undergraduate

Degree/Diploma	Level of Honours*	Institution	Years Enrolled From to	Year of Graduation	Normal Full-Time course length	Transcript & Proof of Completion attached Yes/No
<i>Eg. B.E.</i>	<i>1</i>	<i>UNSW</i>	<i>1995 to 1998</i>	<i>1999</i>	<i>4 years</i>	<i>Yes</i>

**If honours not awarded write N/A.*

Postgraduate

Degree/Diploma	C/W or R*	Institution	Years Enrolled From to	Year of Graduation	Normal Full-Time course length	Transcript & Proof of Completion attached Yes/No
<i>Eg. M.E.</i>	<i>R</i>	<i>UNSW</i>	<i>1998 to 2000</i>	<i>2001</i>	<i>2 years</i>	<i>Yes</i>

C/W = Coursework R = Research

If you are currently undertaking any of these courses please show the course name and expected completion date.

Course _____ Date _____ (dd/mm/yy)

18. Are any of the courses listed in the same field of study as your proposed research?

☐

No

☐

Yes

If yes, please give course name _____

RESEARCH EXPERIENCE

19. Describe your research experience (1/2 page maximum)

20. Have you ever been employed in an area which is related to your field of study? ☐ No ☐ Yes If yes, give details

Employer # 1 _____ Period of Employment _____ years _____ months

Duties _____

Employer # 2 _____ Period of Employment _____ years _____ months

Duties _____

Employer # 3 _____ Period of Employment _____ years _____ months

Duties _____

ACADEMIC REFEREES

21. Give details of two academic referees familiar with your study/research ability.

Referee # 1

Title _____ Name _____ Occupation _____

Institution name and address _____

Telephone _____ Facsimile _____ Email _____

Referee # 2

Title _____ Name _____ Occupation _____

Institution name and address _____

Telephone _____ Facsimile _____ Email _____

PUBLICATIONS

22. Has your research been published?

☐ No ☐ Yes

If yes, give the names and dates of the publications/journals/books and the names of co-authors. (Include all publications to which you have contributed and in which you are named). You must attach a copy of the publication. If you do not provide a copy of the publication, it may not be considered.

No. 1 Publication (or Article) Title _____

Journal/Book Name _____

Co-Author's Name(s) _____

Publication date _____

No. 2 Publication (or Article) Title _____

Journal/Book Name _____

Co-Author's Name(s) _____

Publication date _____

No. 3 Publication (or Article) Title _____

Journal/Book Name _____

Co-Author's Name(s) _____

Publication date _____

No. 4 Publication (or Article) Title _____

Journal/Book Name _____

Co-Author's Name(s) _____

Publication date _____

CHECKLIST

23. Please answer the following by placing a tick in all appropriate boxes

I have:

- ☐ submitted a certified copy of my birth certificate, citizenship certificate, or relevant pages of my passport (Australian and New Zealand citizens only to provide).
- ☐ fully completed the application and application record form
- ☐ submitted a certified copy of my academic transcript and evidence of graduation or proof of course completion (*where the course is not yet complete the current transcript should be provided and the final transcript submitted as soon as it becomes available*).
- ☐ submitted a copy of my tertiary institution's official grading system (*this may be included on the academic transcripts*).
- ☐ submitted certified English translations of all documents, if applicable.
- ☐ contacted my academic referees and given them the report forms and advised them that the forms must be forwarded to the SWS Clinical School by application closing date.
- ☐ submitted a separate application for enrolment as a higher degree candidate to the Postgraduate Section, with a separate complete set of certified documents, if successful.
- ☐ made arrangements for an offer of award to be acted on immediately if successful.

NOTE: If you are unable to tick all of the above boxes then you have not submitted all documents or undertaken all necessary tasks.

DECLARATION

24. I declare that the information supplied by me on this form is complete, true and correct in every particular.

I authorise the SWSCS, UNSW to obtain from any other education institution or relevant authority, at any time, details which relate to this application, including information concerning my enrolment, academic record, examination results, enrolment variations and attendance.

I agree to abide by the School's conditions of award, as amended from time to time.

I am aware that the SWSCS retains the right to vary or reverse any decision made on the basis of incorrect, incomplete or misleading information. I am aware that there are severe penalties for providing false or misleading information.

Applicant's signature _____ Date _____ (dd/mm/yy)

Please return this form to:

South Western Sydney Clinical
School University Australia
Locked Bag 7103
LIVERPOOL BC NSW 1871

Email: swsydunsw@unsw.edu.au
Telephone: +61 (2) 8738 3844
Facsimile: +61 (2) 8738 3850

Deadline:

30 JANUARY 2015