

OFFICE USE ONLY
FILE NO:
ACK:

The Sir Robert Menzies Memorial Research Scholarship

ALLIED HEALTH SCIENCES

APPLICATION FORM: **CLOSING DATE 30 JUNE, 2010**

The application must be presented as an EXACT COPY of this 8 page single sided A4 parent form.

<p>Photograph <i>(for possible use on the website and in the Annual Report)</i></p>

SECTION 1: PERSONAL DETAILS

Family name _____

Other names _____ Title (Mr, Mrs, Ms, Miss) _____

Place of birth _____ (If not born in Australia, enclose copy of Naturalisation Certificate)

ADDRESS FOR CORRESPONDENCE:

_____ State _____ Postcode _____

Telephone *W*(0) _____ *H*(0) _____

Email _____ Mobile _____

ACADEMIC RECORD:

Please list tertiary qualifications COMPLETED and enclose originals or certified copies of Academic Transcript(s).

Qualifications:

Qualification (eg B App Sc Physio)	Level (eg H1, HD)	Institution	Year Awarded

PRIZES AND AWARDS:

Please list any prizes and awards that you received during your academic career.

Prize/Award	Institution	Year of Award

RELEVANT EMPLOYMENT EXPERIENCE:

Position	Organisation/Institution	From	To

PUBLICATIONS, PRESENTATIONS AND OTHER ACHIEVEMENTS:

Please list your publications in refereed journals and presentations at conferences. Also list your extra-curricular activities and achievements which you think will be of interest to the Selection Committee.

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Publications, presentations and other achievements (continued):

SECTION 2: HOST INSTITUTION

Institution at which research will be carried out

Name _____

Address _____

Postcode _____

Responsible Officer of the Institution (eg. Bursar, Registrar/Research Officer)

Name _____

Title _____

Telephone _____

Email _____

SECTION 3: PROJECT DETAILS

Project Title:

When did the project commence?

When will the thesis be submitted for examination?

What specialist skills essential to the success of the project are not available within the project team (e.g. in statistical techniques, economic analysis etc.) and how is it proposed that this be overcome?

SECTION 4: ABSTRACT

DO NOT TYPE OUTSIDE THIS FRAME

Please describe the project in not more than 250 words. If the application is successful, the abstract may be used in future Menzies Foundation publications. It should therefore be comprehensible to persons outside your own discipline.

SECTION 5: CERTIFICATION

Certification is required from the institution's Ethics Committee, the Supervisor and the Responsible Officer.

Without these three Certifications, the application cannot proceed.

1. Certification by Ethics Committee (This certification is the responsibility of the applicant)

PLEASE CIRCLE (a) OR (b) AND SIGN:

(a) I certify that the application has been referred to the institution's Ethics Committee, the report of which is included with this application.

OR

(b) I certify that the application has been referred to the institution's Ethics Committee, the report of which will be forwarded to the Executive Director of the Menzies Foundation.

Signature of applicant Date

2. Certification by Supervisor

I certify that the candidate, if successful, will be carrying out a program of full-time research leading to the Degree of

I expect the thesis to be submitted for examination not later than (month) (year)

Name *Prof/Dr/etc* (BLOCK LETTERS)

Department

Signature of Supervisor Date

3. Certification by Responsible Officer of the Institution

I certify that this project is appropriate to the general facilities of this Institution and, if successful, will be administered and supported by the Institution.

Signature of Responsible Officer Date
(eg Bursar, Registrar, Research Officer)

SECTION 6: REFEREES

Please give the names and addresses of three referees who can be approached by the Menzies Foundation. One should be the designated supervisor of the proposed research project; the second should be able to comment authoritatively on the quality of the applicant's academic qualifications; the third should be a personal referee who has known the applicant for some years and is therefore able to comment on his/her personal qualities.

(a) Supervisor: Title _____ First Name _____ Last Name _____

State _____ Postcode _____
Telephone: (0) _____ Fax: (0) _____
Email _____

(b) Academic: Title _____ First Name _____ Last Name _____

State _____ Postcode _____
Telephone: (0) _____ Fax: (0) _____
Email _____

(c) Personal: Title _____ First Name _____ Last Name _____

State _____ Postcode _____
Telephone: (0) _____ Fax: (0) _____
Email _____

PART 7: How did you become aware of the Menzies scholarship?

Internet site: _____ Previous recipient? YES NO
Uni/Hospital/workplace (eg noticeboards, email, publications): _____
Other - please provide details (eg professional association): _____

PART 8: LODGEMENT

Attachments will not be circulated to the Selection Committee. Please return one original *single sided* copy and one *single sided* photocopy of this form and the Insert describing your project, a recent photograph and your original or certified copy Academic Transcripts to:

General Manager
The Menzies Foundation
210 Clarendon Street
EAST MELBOURNE VIC 3002

CLOSING DATE
30 JUNE, 2010

FULL DETAILS OF RESEARCH PROJECT

The application should be completely described on this Insert which may be sent to external assessors. Do NOT exceed the two pages provided. The typeface must not be smaller than 10 point. Proposals should be comprehensive with a clear outline of the research methodology, using the following headings:

- 1. **Project Title:**
- 2. **Background:** *Describe the background to and the need for the project. Outline its significance to Australia. Up to six scientific references may be included.*
- 3. **Objectives and Hypothesis:** *State clearly your objectives and hypothesis.*
- 4. **Research Plan:** *Describe the experimental design, including subject numbers. Describe also the groups, measurements and procedures that will be used.*

MENZIES RESEARCH SCHOLARSHIPS IN THE ALLIED HEALTH SCIENCES

Applications should be typewritten on the standard single sided form. (Minimum acceptable size is 10 point.) Failure to complete any section will affect review of this application. The application should include the following items with no other attachments.

INSTRUCTIONS FOR APPLICANTS

1. The completed application form and one single-sided A4 photocopy
2. Original or certified copies of Academic Transcript(s) and one photocopy
3. A recent photograph
4. A copy of a Naturalisation Certificate (if not born in Australia) and one photocopy

Please note:

5. Fill in all relevant boxes. **Do not** include a CV and **do not** put "See attachment".
6. The application form must be signed (page 5) by:
 - Yourself
 - Your Supervisor
 - The Responsible Officer of the Institution
7. In addition to referee reports, some projects are referred for comment to additional external assessors who receive **only** pages 7 and 8. The project should therefore be completely described in these two pages.

Closing date - 30 JUNE

Application forms are available at
www.menziesfoundation.org.au