



The University of Sydney

MEDICAL FOUNDATION / MENIERE'S RESEARCH FUND

SCHOLARSHIP FOR MENIERE'S RESEARCH

APPLICATION FORM 2010

Please use blue or black ink to fill in this form. Please write legibly. The original + one identical copy of this application, complete with supporting documentation (a total of two sets), must be submitted to The Medical Foundation, University of Sydney (see address details on last page of this form).

LATE, FAXED and E-MAILED applications will NOT be accepted.

1. Full name of applicant

Title

Mr Mrs Miss Ms Dr Other _____

Fam ily Name

Given Names

Previous Name (if applicable)

Have you ever been or are you currently a student at the University of Sydney?

Yes No

If yes what is your student identification number?

2. Date of birth

e.g. 01/03/1982

Day Month Year

3. Contact details

(Changes must be notified to the Postgraduate Student Administration Unit in writing)

Address

Address

Suburb/City

State

Postcode

Country (if not Australia)

Daytime telephone number/s

E- mail address

4. Eligibility criteria: Resident status (to be completed by all applicants)

- a. Are you an Australian or New Zealand citizen? Yes No

If **YES** go straight to Question 5. If **NO**, continue with Question 4(b).

- b. Do you have permanent resident status in Australia? Yes No

- c. Do you expect to have permanent resident status in Australia in 2010 Yes No

OR are you a New Zealand citizen? (Please forward evidence to the address at the end of this form as soon as possible after it has been granted. Failure to comply will jeopardize your application.)

If **NO**, you are **ineligible** for a scholarship offered through the Medical Foundation and you should not complete this form.

5. Eligibility criteria: Existing qualifications and awards

- a. Do you hold any other award that provides a living allowance? Yes No

If **YES**, what is the name of the award? _____

What is the amount per year of the award? _____

- b. Have you already completed a PhD or other doctorate by research? Yes No

- c. Have you completed a Masters by research **and** you are applying to undertake another Masters by research at the University of Sydney? Yes No

If you answered **YES** to any of the above three questions, you are **ineligible** for a Medical Foundation scholarship and you should not complete this form.

6. Faculty of Medicine research higher degree enrolment details

- a. Are you currently enrolled in a research higher degree, e.g. PhD, other doctorate by research or masters by research, in the Faculty of Medicine, at the University of Sydney? Yes No

- b. If Yes, when did you commence? _____

- c. If No, have you submitted an application for a research higher degree in the Faculty of Medicine to commence in semester 1, 2010? Yes No

You are not eligible to be offered this scholarship unless you have a firm offer by

- d. What is the title of your project?

- e. Please attach a copy of your research proposal as discussed with your supervisor.

7. Supervisor's Details

Title _____

Family Name _____

Given Names _____

Position _____

Discipline/School _____

8. Applicant's tertiary qualifications

Please list **all** post-secondary qualifications you hold or have attempted, and attach certified copies of transcripts where the awarding institution was not the University of Sydney. Add more pages if necessary.

Qualification (e.g. BSc(Hons))	Awarding Institution (e.g. University of Sydney)	Year completed (e.g. 2002)	Normal full-time duration of course (e.g. 4 years)

9. Other qualifications

If you hold qualifications from professional associations or colleges, or have passed qualifying exams such as Part I or II of the Fellowship of the Royal Australasian College of Physicians, please list them here and attach certified copies of documentary evidence such as letters from the college.

10. Research potential

Applicants will be assessed on their research potential as well as their academic qualifications and so should provide details with supporting evidence of research potential. Research potential includes:

1. Publications in the relevant field of research within the last 5 years, that have been published by a reputable printer
 - 1) A published book – must be research not teaching
 - 2) A chapter in an edited book (not conference proceedings)
 - 3) Papers published or accepted for publication in refereed journals
 - 4) Papers published in national or international conference proceedings
 - 5) Published presenting author conference abstracts at a national or international conference
 - 6) A patent
 - 7) A published research report
 - 8) A published case report

Please submit a list of publications and for each publication please include a copy of the *front page only*, showing the complete list of authors, year of publication, journal, volume and page numbers, and ISSN for journals where English is not the language of publication. For papers that have been accepted for publication, proof of the acceptance must be provided such as an email from the journal. For conferences please include the details of the conference. For patents, please provide the patent number and the relevant notice that the patent has been granted.

2. Grants where the applicant is a principle investigator.

Please provide a list of grants indicating amount, year, principle investigators, granting body and include proof that the grant was made. A copy of the front page of the grant application is not proof that it was granted.

3. Relevant professional experience at a responsible level or direct research experience since graduation from your bachelor degree.
Please give a chronological list of any such relevant professional and/or research experience, and provide evidence such as letters of offer or references.

11. Referees' reports

Please provide the names and positions of two academic referees who are familiar with your most recent studies. Please detach the two copies of the Referee's Report, fill in Section A and forward one copy to each referee, asking the referees to complete Section B and return the report directly to The Medical Foundation.

Referee 1

Title _____
Family Name _____
Given Names _____
Position _____
Discipline/School _____
Institution _____
Daytime telephone numbers _____
Email address _____

Referee 2

Title _____
Family Name _____
Given Names _____
Position _____
Discipline/School _____
Institution _____
Daytime telephone numbers _____
Email address _____

12. Checklist:

- Have you attached your proof of name change, if applicable?
- Have you attached your proof of residency?
- Have you attached a copy of your visa, if applicable?
- Have you attached certified copies of all transcripts of all post-secondary qualifications?

- Have you attached evidence of Fellowship of a College or other such qualification if applicable?
- Have you attached your list of publications with the necessary proof for each publication?
- Have you attached your list of grants with the necessary proof for each grant?
- Have you attached your chronology of experience and necessary proof?
- Have you attached a copy of your research proposal as discussed with your supervisor?
- Have you sent your two referees the report form and asked them to return it to us?
- Have you signed and dated the application form?

13. Declaration

I declare that the information supplied by me on this form and the supporting documents is complete, true and correct.

I authorise the University of Sydney to obtain from other educational institutions I have attended and other relevant authorities at any time, details of my enrolment, academic record and examination results, including details of enrolment variations and attendance in connection with my application for a scholarship offered through the Faculty of Medicine.

I also authorise the educational institutions I have attended to disclose to the University of Sydney details of my enrolment, academic record and examination results, including details of enrolment variations and attendance in connection with my application for a scholarship offered through the Faculty of Medicine.

I agree to abide by the University's conditions of award as amended from time to time. I note the effect prior scholarship(s) and/or candidature may have on the tenure of the award.

I am aware that there are severe penalties for providing false or misleading information, including exclusion of my application and cancellation of scholarship support.

Applicant's Full Name

Applicant's Signature

Date

Privacy statement

In accordance with the University of Sydney Privacy Policy, the information you provide for this application is collected and held by the University in order to assess candidates for scholarships offered through the Faculty of Medicine and for administrative and statistical purposes. Enquiries regarding access to and correction of the personal information should be directed in the first instance to the Postgraduate Student Administration Unit.

Please post the completed form with supporting documentation to:

Medical Foundation/Meniere's Research Fund Scholarship
Room 212
A27 – Edward Ford Building
The University of Sydney NSW 2006

Australia

Late, faxed and emailed copies will not be considered.

Only complete this section if you wish us to acknowledge receipt of your application *and* have enclosed a stamped, self-addressed envelope.

The Medical Foundation, University of Sydney acknowledges that it has received an application for a scholarship offered by the Faculty of Medicine from

Name _____