



**The University of Sydney**

DISCIPLINE OF SURGERY  
Blackburn Building – D06  
University of Sydney NSW 2006  
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Email: msadmin@usyd.edu.au  
Web: www.surgery.usyd.edu.au

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**NITA AND NORMAN WHITELEY SCHOLARSHIP  
APPLICATION FORM 2009**

This application, complete with supporting documentation,  
must be submitted to the DISCIPLINE OF SURGERY by  
**Friday, February 27, 2009.**

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

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**1. Full name of applicant**

Title             Mr    Mrs    Miss    Ms    Dr    Other \_\_\_\_\_  
Family Name    \_\_\_\_\_  
Given Names    \_\_\_\_\_  
Previous Name (if applicable) \_\_\_\_\_  
Student Identification Number \_\_\_\_\_

**2. Contact details**

**(Must be valid from October 2008 through to March 2009 and changes must be notified to the Discipline of Surgery in writing).**

Address            \_\_\_\_\_  
Address            \_\_\_\_\_  
Suburb/City        \_\_\_\_\_  
State                \_\_\_\_\_ Postcode \_\_\_\_\_  
Country            \_\_\_\_\_  
Phone number/s   \_\_\_\_\_  
E-mail address    \_\_\_\_\_

**3. Resident status**

- a.** Are you an Australian or New Zealand citizen?             Yes             No  
If **YES** go straight to Question 4. If **NO**, continue with Question 3(b).
- b.** Do you have permanent resident status in Australia?             Yes             No

- c. Do you expect to have permanent resident status in Australia by 27/02/2009? (If permanent residence is granted by 27/02/2009 then please forward evidence as soon as possible after it has been granted. Failure to comply will jeopardize your application).  Yes  No

If **NO**, you are **ineligible** for this scholarship and should not complete this form.

#### 4. Enrolment details

- a. Are you currently enrolled or accepted FULL TIME into the Master of Surgery (by Research) or the Doctor in Philosophy within the Discipline of Surgery?  Yes  No

- b. If Yes, when did or when will you commence? \_\_\_\_\_

If **NO**, you are **ineligible** for this scholarship and should not complete this form.

#### 5. Tertiary qualifications

Please list **all** tertiary qualifications you hold or have attempted. Add more pages if necessary.

Qualification (e.g. MB BS)	Level of award (e.g. Pass, Hons 1)	Awarding Institution (e.g. University of Sydney)	Year completed	Normal full time duration of course	Per cent of course by research if any (e.g. 50%)

#### 6. 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 Surgeons, please list them here and attach certified copies of documentary evidence such as letters from the college.

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#### 7. Research potential

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

Research potential includes:

1. Publications that have been published by a reputable printer.
  - a) A published book – must be research not teaching.
  - b) A chapter in an edited book (not conference proceedings).
  - c) Papers published or accepted for publication in refereed journals.
  - d) Papers published in national or international conference proceedings.
  - e) Published presenting author conference abstracts at a national or international conference.
  - f) A patent.
  - g) A published research report.
  - h) 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 an investigator making a significant contribution. 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. Please give a chronological list of any such relevant professional and/or research experience, and provide evidence such as letters of offer or references.
4. A proposal of the research you wish to undertake in your degree. **The successful applicant must be undertaking research into the cause, treatment and cure of cancer, with priority given to upper gastro-intestinal tract malignancy.**

## 8. 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 Discipline of Surgery by no later than Friday, 27 February, 2009.

***It is the applicant's responsibility to ensure that the referees respond by the due date.***

### Referee 1

Title \_\_\_\_\_  
Family Name \_\_\_\_\_  
Given Names \_\_\_\_\_

### Referee 2

Title \_\_\_\_\_  
Family Name \_\_\_\_\_  
Given Names \_\_\_\_\_

**9. Please attach:**

- Proof of Australian or New Zealand citizenship or Australian permanent residency.
- Proof of enrolment or proof of acceptance into the Master of Surgery (by research) or Doctor of Philosophy in the Discipline of Surgery.
- Certified copies of all transcripts of your tertiary qualifications and attempts.
- Evidence if any of your qualifications included a research component that was 25 per cent or more of the total requirements of the course.
- Evidence of RACS membership or other such qualification.
- List of any publications with necessary proof for each publication.
- List of any grants with the necessary proof for each grant.
- A chronology of professional experience and necessary proof.
- A proposal of the research you wish to undertake in your degree.
- Proof of name change is necessary if any of the evidence provided is not in applicant's current name.

**10. 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 the Nita and Norman Whiteley 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 personal information should be directed in the first instance to the Discipline of Surgery.





**The University of Sydney**  
**NITA AND NORMAN WHITELEY SCHOLARSHIP**  
**Academic Referee's Report**

**CONFIDENTIAL – Not to be returned to applicant.**

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<b>Section A (To be completed by the applicant)</b>	
Please complete Section A of this form and send it to your academic referee for completion of Section B. Your referee should be an academic conversant with your most recent studies.	
Family Name:	Given Names:
Telephone:	Email:
Proposed degree:	Discipline/School:

<b>Section B (To be completed by the Referee):</b>	
<b>Please provide a confidential assessment of the applicant</b>	
Title:	Name:
Position:	Institution:
Telephone:	Email:
Applicant's actual or predicted final examination results: Indicate whether actual or predicted (e.g. Hons I actual)	
If the applicant is currently enrolled in an Honours degree, what level of honours is s/he likely to obtain?	
Based on the quality of completed work, the applicant is seen as having a record which is (please tick/specify): top 5%      top 10%      top 15%      top 20%      Other, please specify:	
Based on the applicant's overall academic performance and research potential, the degree of support I give the applicant is (please tick): Unreserved      Strong      Fairly strong      Moderate      Nil	
Additional comments (Please attach an additional page if necessary):          	
Signature of Referee:	Date:
<b>Do not return this form to the applicant.</b> Please send this report by <i>Friday 27 February 2009</i> a) by mail to the Discipline of Surgery, Blackburn Building D06, The University of Sydney NSW 2006, OR b) by emailing a PDF file of the original scanned report to <a href="mailto:msadmin@med.usyd.edu.au">msadmin@med.usyd.edu.au</a> with the subject "Nita and Norman Whiteley Scholarship referee report". Unsigned reports will not be accepted, OR c) by fax to +61 2 9351 2401.	

The Discipline of Surgery, The University of Sydney thanks you for your report.  
If you have any questions, please do not hesitate to contact our office on +61 2 9351 2400.