



Dr Albert S McKern Research Scholarship
Application form for Scholarship commencing 2012

The original + one identical copy of this application, complete with supporting documentation (a total of two sets), must be submitted to Clinical Professor Jon Hyett, University of Sydney, Joint Head of Discipline of Obstetrics, Gynaecology and Neonatology, RPA Women and Babies, Missenden Road, Camperdown NSW 2050
LATE, FAXED and E-MAILED applications will NOT be accepted.

1. Full name of applicant

Title Mr Mrs Miss Ms Dr Other _____

Family 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. 01/03/1979

Day Month Year

3. Contact details

(must be valid from March to December 2011 and changes must be notified to the Postgraduate Student Administration Unit and Clinical Professor Jon Hyett in writing)

Address _____

Address _____

Suburb/City _____

State _____ Postcode _____

Country (if not Australia) _____

Daytime telephone number/s _____

E-mail address _____

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

Are you:

- a. a citizen of Australia or New Zealand Yes No
- b. an Australian permanent resident? Yes No

NOTE: International students are responsible for their own fees

5. Eligibility criteria: Existing qualifications and awards (please attach a copy)

- a. Which one of the following Universities did you graduate from:
- University of Sydney Yes No
 - University of Edinburgh, Scotland Yes No
 - Yale University, USA Yes No

NOTE: You are only eligible to apply if you have answered "yes" to one of the above

- b. 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? _____

NOTE: If you answered "Yes" to the above, you may only be offered a top-up amount.

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

NOTE: If you answered YES to either question "c" or "d" above you are ineligible for a Dr Albert S McKern Research 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, 2012? Yes No

You are not eligible to be offered this scholarship unless you have a firm offer by 30 November, 2011

- 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)) | Level of award (e.g. Pass, Hons 1) | Awarding Institution (e.g. University of Sydney) | Year completed (e.g. 2002) | Normal full-time duration of course (e.g. 4 years) | Per cent of course by research if any (e.g. 50%) |
|-----------------------------------|---------------------------------------|---|-------------------------------|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

9. Additional information

Please attach your Curriculum Vitae (CV) covering:

- Your academic achievements to date
- Your involvement with pregnancy related research
- Your involvement with research in other areas

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 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. 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

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 your CV?
- Have you attached your list of publications with the necessary proof for each publication?
- 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 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 arrive no later than 5pm, Friday 28 **October, 2011** to:

Clinical Professor Jon Hyett, University of Sydney, Discipline of Obstetrics, Gynaecology and Neonatology, RPA Women and Babies, Missenden Road, Camperdown NSW 2050 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 Department of Obstetrics, Gynaecology and Neonatology, University of Sydney acknowledges that it has received an application for a scholarship offered by the Faculty of Medicine from

Name _____