

**Faculty of Medicine, Dentistry and Health Sciences**  
Faculty Postgraduate Capacity Building for Research  
Bursaries for Indigenous Australians 2006



THE UNIVERSITY OF  
MELBOURNE

**Applications Close 31 March 2006**

**Section A - Personal Details**

Please complete your details below:

Family Name:	<input type="text"/>
Given Name(s):	<input type="text"/>
Student Number:	<input type="text"/>
Course name:	<input type="text"/>
Date of Birth	<input type="text"/>
Address:	<input type="text" value="We will use your current mailing address as recorded on the student enrolment system at the time of processing. Please ensure that your Term Address is up-to-date."/>
Email address:	<input type="text" value="Only the university's email address will be used."/>

**Section B - Qualifications**

Most Recent and Highest Academic Qualifications	Year	Conferring Institution	Degree
(i)			
(ii)			
(iii)			

**Section C – Proposed Research Interest**

**Section D – Proposed Coursework Program**

Set out Fully the coursework program:

**Section E – Have You Been Accepted by the Appropriate School for Your Coursework Program?**

Yes  No  Date of Enrolment

Program for which you propose to enrol or are enrolled in

**Section F – Referees' Reports**

Applicants are required to arrange for **two** confidential reports (forms attached) to be forwarded to the contact officer by the closing date for this application. The referees should report on the applicant's academic performance and capacity to pursue research or higher studies.

It is the applicant's responsibility to ensure that the referees' reports are received by **31<sup>st</sup> March, 2006**

**Referee 1**

**Referee 2**

Name:   
Address:   
  
Telephone:   
Fax:   
Email:

Name:   
Address:   
  
Telephone:   
Fax:   
Email:

**Section G – Certification by Applicant**

I certify that all details given in this application are correct and that, if successful, I will hold the award in accordance with the current Scholarship Conditions of Award.

I also certify that I am of Aboriginal or Torres Strait Islander descent; I identify as an Aboriginal or Torres Strait Islander, and am accepted by my community as such.

Signature:  Date:

**Section H – Certification by Proposed Head of Department/School**

I certify that appropriate facilities will be available to the applicant, if successful, for the duration of the program, to allow the proposed studies to be undertaken.

Name:  Department:   
Signature:  Date:

**Checklist:**

Submit an **ORIGINAL** and **5 COPIES** with **CURRICULUM VITAE** included.

**Contact Officer:**

Steve Clarke  
Indigenous Liaison Officer  
Faculty of Medicine, Dentistry and Health Sciences  
The University of Melbourne  
T: 8344 8057  
F: 9347 7084  
E: [clarkesc@unimelb.edu.au](mailto:clarkesc@unimelb.edu.au)

Office Use

Indigenous Australian status  Signature  Date   
confirmed by the CIE

## Referee Report

The University of Melbourne  
Faculty of Medicine, Dentistry and Health Sciences  
Faculty Postgraduate Capacity Building research Bursaries for Indigenous Australians

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Application for Capacity Building Research Bursaries by: (applicants name)

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**Note to Applicants:**

Please complete the above and forward to your two nominated referees with a copy of the completed application form and curriculum vitae. It is your responsibility to ensure that the referee reports are received by March 31, 2006.

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Name of Referee:  
Appointment:  
Dept. or Institution Address:

Signature:

Date:

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**Please forward to:**

Steven Clarke  
Indigenous Liaison Officer  
Faculty of Medicine, Dentistry and Health Sciences  
The University of Melbourne  
Tel: 8344 8057  
Fax: 9347 7084