

**NAME OF APPLICANT:** \_\_\_\_\_ **STUDENT NO:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **DEGREE:** \_\_\_\_\_

**OFFICE USE ONLY - SUPERVISOR/S SECTION**

It is the School's responsibility to ensure that adequate supervision is provided for the duration of the candidature. A supervisor who is also a Research Higher Degree candidate may not supervise another candidate for the same degree.

**1 NOMINATION OF SUPERVISION**

| 1. Supervisor(s) nominated for this applicant, beginning with coordinating: |            |           |              | 2. No of equivalent full (EFT) students currently supervising |                 |         |     |
|---|------------|-----------|--------------|---|-----------------|---------|-----|
| Title   | First Name | Last Name | UWA Mail Bag | Honours   | PG Dip or equiv | Masters | PhD |
|   |            |           |              |   |                 |         |     |
|   |            |           |              |   |                 |         |     |
|   |            |           |              |   |                 |         |     |
|   |            |           |              |   |                 |         |     |

3. Address for correspondence if not located at UWA

| Name | Address | Email |
|------|---------|-------|
|      |         |       |
|      |         |       |
|      |         |       |

4. Briefly describe alternative arrangements to be used in the event of the coordinating supervisor not being available to supervise through to completion of the thesis.

**2 SUPERVISORY EXPERIENCE**

|   |                              |                             |  |  |                              |                             |  |
|---|------------------------------|-----------------------------|--|--|------------------------------|-----------------------------|--|
| 1. Have you supervised a HDR student to successful completion in the last five years? |                              |                             |  | 2. Have you attended any supervisory training courses in the last three years? |                              |                             |  |
| Supervisor 1  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  | Supervisor 1   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |
| Supervisor 2  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  | Supervisor 2   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |
| Supervisor 3  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  | Supervisor 3   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |
| Supervisor 4  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  | Supervisor 4   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |

**3 EXTERNAL SUPERVISORS**

An external supervisor (that is, not a member of the University staff )has to provide a CV detailing title, current position and full mailing address. Please include the CV with this form.

**4 RELEVANCE OF APPLICANT'S QUALIFICATIONS**

1. Is the applicant's background relevant to the intended research, including sufficient specialisation such that the applicant will have already developed and understanding and appreciation of a body of knowledge relevant to the intended research?

|                                     |  |
|-------------------------------------|--|
| <b>YES</b> <input type="checkbox"/> | Please give details.   |
| <b>NO</b> <input type="checkbox"/>  | If <b>NO</b> , you will need to make a case for considering the application. |

2. If coursework units are required, please provide details of semester and unit codes.

**SUPERVISOR/S AND SCHOOL ASSESSMENT FORM – 2010 SCHOLARSHIP APPLICATIONS**

|   |
|---|
| <b>5 RESEARCH INTEREST</b>  |
| Please comment on the proposed area of research with particular reference to its quality, feasibility and the methodology to be employed. |
|   |

|  |   |
|--|---|
| <b>6 RECOMMENDATIONS</b>   |   |
| Please complete the following list identifying any particular resources or facilities required for successful completion of the project. Source of funding <b>MUST</b> be included eg grant.   |   |
| Detail any financial provisions necessary to establish this project  | \$  |
| What are the anticipated Annual Costs? <b>COMPULSORY</b>   | \$  |
| How much will the School provide? <b>COMPULSORY</b>  | \$  |
| If statistical advice is relevant to the proposed area of research is it available in the school? If not, how will it be obtained?   |   |
| Are there any confidentiality or intellectual property issues that need to be considered? Please see <a href="http://www.postgraduate.uwa.edu.au/page/16830">www.postgraduate.uwa.edu.au/page/16830</a> If <b>YES</b> , please attach an Intellectual Property Questionnaire available from <a href="http://www.postgraduate.uwa.edu.au/page/16830">www.postgraduate.uwa.edu.au/page/16830</a> | Questionnaire attached <input type="checkbox"/> |
| Will the project involve fieldwork?  |   |
| If <b>YES</b> , will the school cover fieldwork expenses?  |   |
| If not, is the student aware of the possible financial implications?   |   |
| Does the project require clearance from a University Ethics Committee? If <b>YES</b> , when is it envisaged that an application will be made?  |   |
| Is there any other information relevant to this application?   |   |

|  |              |              |
|--|--------------|--------------|
| <b>DECLARATION – TO BE COMPLETED BY THE SUPERVISOR/S AND HEAD OF SCHOOL</b>  |              |              |
| I have discussed this application with the candidate and recommend admission to candidature for the degree indicated below. To the best of my knowledge at this time, I will be available to supervise this candidate from the proposed commencement date specified. |              |              |
| <b>1. Coordinating Supervisor Signature:</b>   | <b>Name:</b> | <b>Date:</b> |
| <b>2. Co-supervisor Signature:</b>   | <b>Name:</b> | <b>Date:</b> |

|  |  |  |
|--|--|--|
| I certify that this School can provide appropriate supervision, resources, funding, facilities and equipment in the programme indicated below. I recommend for approval the proposed topic, enrolment type and commencement date indicated by the candidate in their application form. I recommend that this applicant be <b>APPROVED</b> for: |  |  |
| Doctor of Philosophy <input type="checkbox"/>  | Not Approved <input type="checkbox"/>  |  |
| Master of <input type="checkbox"/>   | Preliminary programme recommended – This application will be referred to the appropriate faculty office <input type="checkbox"/> |  |
| Other, please specify  |  |  |

|  |       |
|--|-------|
| <b>For joint enrolments, signatures from both Heads of School are required</b> |       |
| Head of School Signature:  | Name: |
| School:  | Date: |
| Head of School Signature:  | Name: |
| School:  | Date: |

|   |                                       |   |  |
|---|---------------------------------------|---|--|
| <b>GRADUATE RESEARCH AND SCHOLARSHIPS OFFICE USE ONLY</b> |                                       |   |  |
| Approved <input type="checkbox"/>                         | Not Approved <input type="checkbox"/> | Further Information required <input type="checkbox"/> |  |
| <b>Graduate Research School Signature:</b>                | <b>Name:</b>                          | <b>Date:</b>  |  |