

UWA China SIRF PROPOSAL FORM

This form is to be used to nominate an international postgraduate research applicant for a UWA China SIRF to cover the cost of the international tuition fees and standard single student visa length Overseas Student Health Cover (OSHC). The conditions of award are available on the [Scholarships website](#). The China Scholarship Council (CSC) provides a living allowance for recipients of the CSC scholarship, valued at \$20,400 pa.

The Academic Council has resolved (by R13/17) to approve the replacement of the previous Faculty SIRF scheme with a centrally-funded SIRF scheme for high quality international Higher Degree by Research (HDR) students recommended by schools and faculties. Central SIRF faculty quotas will be based on each faculty's share of HDR completions over the last three years. China SIRFs are included in the Central SIRF Faculty quotas.

For applicants being nominated for a UWA China SIRF with no UWA top-up scholarship, only page 1 of the form is required. The signature of the Faculty Dean or Associate Dean (Research) is confirmation to allocate one of the Faculty's Central Quota SIRFs to this applicant. If there is no additional top-up living allowance scholarship, the SDC Finance Manager's (or authorised delegate) signature is not needed.

If you wish to offer a living allowance top up scholarship to supplement the CSC living allowance scholarship, please complete the relevant sections on page 2 and 3 of this form. The Graduate Research Coordinator/Head of School and SDC Finance Manager (or authorised delegate) must certify that funding is available for the living allowance top-up scholarship for up to 4 years.

Nomination of a student for a UWA China Scholarship (China SIRF)

Name: Student ID:

Proposed Degree: PhD or Research Doctorate (up to 4 years of tuition fees unless prior candidature)
 Research Masters (up to 2 years of tuition fees unless prior candidature)

Proposed School(s):

Supervisor Name:

Proposed CHINA SIRF Start Date: End Date:

Graduate Research Coordinator/Head of School

Print Name: Signature: Date:

Faculty Dean (or Associate Dean (Research))

Print Name: Signature: Date:

Chair, HDR Scholarships Committee (or nominee)

Print Name: Signature: Date:

SDC Finance Manager Initial: _____

GRC/HOS Initial: _____

Confirmation of China Living Allowance Top Up Scholarship Funding Administered by UWA

1. Benefits Payable: *(annual level of funding)*

Indicate the proposed level of benefits and indexing where appropriate (stipends are paid fortnightly).

- China Top-Up Scholarship \$ per annum
- Additional Allowances *(please specify amount):* \$ per annum

Purpose of Additional Allowances:
(eg Travel, Operating Expenses, etc)

2. Conditions and Obligations of Scholarship:

Are there any specific conditions attached to this scholarship?

- NO YES *(please specify, if insufficient space, use "Additional Information" box overleaf)*

Will the scholarship holder be under any obligation to the funding organisation?

(Note: the student must not be under any obligation or be rendering any service to the funding body or the University to qualify for tax exemption under the Income Tax Assessment Act).

- NO YES *(please specify, if insufficient space, use "Additional Information" box overleaf)*

3. Source of Funding for Living Allowance:

Please tick **ONE** and provide **ALL** required details.

- Operating Grant** [Fund Group 10 or 63] %
 BU: PG: Grant Holder: Signature:
- Operating Grant** [Fund Group 10 or 63] % *(if more than one PG)*
 BU: PG: Grant Holder: Signature:
- Bequest Grant** [Fund Group 70-72] *Please contact Treasury & Investments if a new PG is required*
 BU: PG: Grant Holder: Signature:
- External Funding - Established Research Grant** [Fund Group 30 through 55]
 BU: PG: CI Name: Signature:
 Project Grant Title:
 End date of Project Grant: *(end date must exceed scholarship completion date)*
- External Funding - New Scholarship Agreement** [new Project Grant to be set up by GRS]

A written agreement/offer from the funding body providing the following information, must be attached:

- Name of funding body (and department if applicable) and person authorising the offer
- Amount and purpose of funding provided
- Duration of funding
- Any conditions attached to the scholarship
- Frequency of invoicing required (to be carried out by GRS)

[For assistance with Agreements, contact the Research Contracts Lawyer in Legal Services]

BU: PG: GRS TO ADVISE Grant Holder: Signature:
 PG Report Key: Budget Activity:
 Project Grant Title: GRS TO ADVISE
 End date of Project Grant: *(end date must exceed scholarship completion date)*
 Funding Body Name & Section:
 Funding Body Contact Name(s):
 Email: Contact No.:
 Invoicing Address:

SDC Finance Manager Initial: _____

GRC/HOS Initial: _____

External Funding or Sponsorship [Living Allowance Paid Directly To Student]

If the nominated student has been offered a sponsorship or externally-funded living allowance which is paid directly to the student, and not administered by UWA, please attach a written agreement from the funding body or sponsor including the following information:

- Name of funding body or sponsor and person authorising the offer
- Amount and purpose of funding provided
- Duration of funding
- Any conditions attached to the scholarship/sponsorship
- Please note that matching living allowance funding for SIRFs cannot be provided by the student; family members; friends or associates of the student.

4. Additional Information

Please use this space for any pertinent information that cannot fit elsewhere.

.....

5. Confirmation of China Top-Up Scholarship Funding

The Graduate Research Coordinator/Head of School and the SDC Finance Manager (*or authorised delegate*), certify that funds are available for the tenure of the China Top-Up Scholarship from the Project Grant nominated on this form. Should the funds not be available at any time during the tenure of the award, the School/Faculty will guarantee continuance of payment of the full stipend for the duration of the scholarship.

The Graduate Research Coordinator/Head of School and the SDC Finance Manager (*or authorised delegate*) certify that funds for this scholarship have not been, and will not be sought or obtained from the student; family members; friends or associates of the student.

SDC Finance Manager (*or authorised delegate*)

(please also initial all pages)

Print Name: Signature: Date:

Graduate Research Coordinator/Head of School

(please also initial all pages)

Print Name: Signature: Date:

Please forward to the HDR Support Coordinator in your Faculty.

Office Use Only:

Date Received: _____ Application Approved: _____ Scholarships Officer: _____

SDC Finance Manager Initial: _____

GRC/HOS Initial: _____