## APPLICATION FORM

Closing Date: 28 February 2025

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| How to Apply |

Application process:

1. Review the Hecht Trust Award, Terms and Conditions to determine your eligibility using the information provided.
2. Return the application form and supporting documents to [doherty-phdprogram@unimelb.edu.au](mailto:doherty-phdprogram@unimelb.edu.au) by the closing date.

Enquires should be directed to: Professor James McCarthy (james.mccarthy@unimelb.edu.au) or

Professor Jason Trubiano (jason.trubiano@austin.org.au)

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| Applicant Information |

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| **Title:** |  | **Family Name:** |  | **Given Names:** |  |

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| **UoM Application ID/ Student ID:** |  |

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| **Postal Address:** |  |

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| --- | --- | --- | --- |
| **Phone:**  (including area code) |  | **E-mail:** |  |

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| **Date of Birth:** |  |  | **Citizenship Status:**  (Select Only One) | Australian Citizen | | | Australian Permanent Resident | | |
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| **Are you currently enrolled in a Research Higher Degree at the University of Melbourne?** | YES | NO |

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| **If yes, when did you commence your degree?**  **If no, when do you plan to commence your degree?** | / / |

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| **Name the Higher Degree for which you propose to enrol or are enrolled in (eg. PhD, DMedSc, MSurg)** |  |
|  |  |
| Education | | |

## List highest qualification first

## 1st qualification

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| **Name of degree:** | |  | | | | | | | | |
| **Year commenced:** | | |  | **Last year of study:** | |  | **Did you graduate?** | | **YES** | **NO** |
| **Institution Name:** |  | | | | **If you did not graduate, please explain why** | | |  | | |

## 2nd qualification

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| **Name of degree:** | |  | | | | | | | | |
| **Year commenced:** | | |  | **Last year of study:** | |  | **Did you graduate?** | | **YES** | **NO** |
| **Institution Name:** |  | | | | **If you did not graduate, please explain why** | | |  | | |

## 3rd qualification

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| **Name of degree:** | |  | | | | | | | | |
| **Year commenced:** | | |  | **Last year of study:** | |  | **Did you graduate?** | | **YES** | **NO** |
| **Institution Name:** |  | | | | **If you did not graduate, please explain why** | | |  | | |

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| Proposed Research |

**1. Subject/Title of proposed research (no more than 100 characters)**

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**2. Proposed research:**

Brief background and research plan (include references). Give details of specialised training.

(Maximum of two pages will be accepted)

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**3. Summary of future objectives:**

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**4. How will the H & L Hecht Trust Clinician Scientist Award Support Fund align with your career plans?   
(350 words maximum)**

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**5. Proposed Supervisor** *(List Primary Supervisor first)*

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| Title: |  | | Given Names: |  | | Family Name: | |  |
| Department: | |  | | | Position: | |  | |

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| Title: |  | | Given Names: |  | | Family Name: | |  |
| Department: | |  | | | Position: | |  | |

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| Title: |  | | Given Names: |  | | Family Name: | |  |
| Department: | |  | | | Position: | |  | |

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| Referees |
| ***Please attach letter of recommendation from proposed supervisor*** |

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| Checklist | | |
| 1. | My transcripts and up-to-date CV\* are attached. |  | |
| 2. | I have signed and dated the Declaration. |  | |
| 3. | My application has been signed by the Head of the Department/School |  | |
| 4. | My referees have agreed to provide their reports by closing date of application. |  | |
| 5. | I have read and understood the Privacy Collection Notice provided with this application form. |  | |

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| Declaration | | |
| I certify that all details given in this application are correct and that, if successful, I will hold this position in accordance with the current conditions of the H & L Hecht Trust Clinician Scientist Support Fund.  If this application leads to me receiving funding, I understand that false or misleading information in my application may result in the support being withdrawn or other disciplinary action by the University of Melbourne. | | |
| **Signature:** |  | **Date:** |

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| Certification by proposed Head of Department/School | | |
| I certify that appropriate facilities will be available to the applicant, if successful, for a period of two/three years, to allow the proposed studies to be undertaken. | | |
| Surname with Initials (Use block letters) |  | |
| Department / School |  | |
| **Signature:** |  | **Date:** |

### Privacy Collection Notice

1. The information on this form is being collected by the Faculty of Medicine, Dentistry and Health Sciences. The information is being collected in order to consider your application for support from the H & L Hecht Trust Clinician Scientist Support Fund.
2. You can access any personal information the UNIVERSITY holds about you. Contact the Privacy Officer ([privacy-officer@unimelb.edu.au](mailto:privacy-officer@unimelb.edu.au)) to find out more.
3. The information will be used by authorised staff for the purpose for which it was collected and will be protected against unauthorised access and use.
4. Information may also be passed on to other organisations if permitted or required by law or for the appropriate administration of the trust fund from which the funding derives.
5. If you do not provide all the information that is requested on this form, it may not be possible to consider you for support from the H & L Hecht Trust Clinician Scientist Support Fund.

The University has a detailed Privacy Policy: <http://policy.unimelb.edu.au/MPF1104> and you can contact the [Privacy Officer](mailto:privacy-officer@unimelb.edu.au) with any question about how the University deals with personal information.