# Western Health and Deakin University PhD Scholarship Application, 2023-2025

# Application Form To undertake a Higher Degree by Research in the School of Nursing and Midwifery Deakin University in a Scholarship funded by the Faculty of Health and Western Health Nursing and Midwifery.

Complete the following and provide the required evidence. Incomplete or handwritten documents will not be accepted.

###### 1. APPLICATION TYPE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Candidature and scholarship |  |  |  |  |
|  | If you are unsuccessful for the scholarship, do you wish to be considered for candidature only? | Yes |  | No |  |

###### 2. Personal details

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Mr |  | Mrs |  | Ms |  | Dr |  | Other  |   |  |
| Family Name |  |
| Given Name |  |
| Email Address |  | Date of Birth (dd/mm/yy) |  / / |
| Are you an Australian Citizen or have a permanent residency? | Yes |  | No |  |
| Have you previously applied for a course at Deakin University? | Yes |  | No |  |
| If yes - Deakin ID number |  |

###### 3. Academic Qualifications – list up to *three* of your highest qualifications (undergraduate and postgraduate).

|  |  |  |  |
| --- | --- | --- | --- |
| Qualification (e.g., Bachelors, Masters) |  |  |  |
| Institution and location |  |  |  |
| University ***world***ranking / University ***in-country*** ranking \*NB: use Academic World Ranking of Universities (ARWU) [ARWU web site](http://www.shanghairanking.com/index.html) |  |  |  |
| Year completed |  |  |  |
| Major or discipline |  |  |  |
| Final grade |  |  |  |
| Grade point average (if available) |  |  |  |

Attach a copy of your CV to this application

Attach a copy of your academic transcripts to this application

**4. Thesis / Dissertation**

***List the most recent Bachelor, Honours, or Masters thesis/dissertation that qualifies you for admission.***

|  |  |
| --- | --- |
| Title |  |
| Word count | Mark or grade received | Honours / Master degree (circle applicable degree) |
| ***Describe the requirements of the thesis/dissertation: 1. the length of time you spent studying the research project, 2. the required length of thesis/ dissertation, 3. how it was examined (for example, internally by your supervisor, by an external marker or by a committee. The more details you provide the better we can assess your qualifications.*** *If these details are available online, please provide the web address.* |
|  |

 Attach a digital copy of your thesis to this application

**5. Publications**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title | Authors | Journal | Year | Volume & Page | Impact Factor | Citations |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

*Add additional rows if required*

**6. Research experience**

|  |
| --- |
| ***Please describe briefly any research experience you have. This might include work as a researcher or research assistant, research project work for a university or industry, or any other forms of research experience. You should outline what actual research you have done and what new knowledge you have discovered. Outline the work that was done, as well as the dates and locations of such work.*** |
|  |

**7. Proposed thesis/dissertation**

 Attach a research proposal of your proposed PhD study of approximately 2000 - 3000 words including the following as a guide:

* a statement of the research project/problem/question
* a brief literature review
* the reason for, and the significance of the proposed research
* an outline of the planned research method
* a budget required for the research you propose

**8. ALIGNMENT TO WESTERN HEALTH RESEARCH PRIORITIES**

|  |
| --- |
| ***Please describe how your proposed study aligns with the Western Health research priorities*** |
|  |

**9. ALIGNMENT TO deakin university RESEARCH PRIORITIES**

|  |
| --- |
| ***Please describe how your proposed study aligns with the Deakin University research priorities*** |
|  |

**10. proposed supervisorS**

Provide details if you have discussed your research proposal with a Deakin staff member(s):

|  |  |  |
| --- | --- | --- |
| Name |  | Have you discussed your proposal? **Yes/No** |
| Name |  | Have you discussed your proposal? **Yes/No** |

**8. Referees**

**Please list two referees that can support your application.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Mr |  | Mrs |  | Ms |  | Dr |  | Other  |   |  |
| Family Name |  |
| Given Name |  |
| Email Address |  | Contact phone number |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Mr |  | Mrs |  | Ms |  | Dr |  | Other  |   |  |
| Family Name |  |
| Given Name |  |
| Email Address |  | Contact phone number |  |

**Privacy Statement:**

*The information on this form is collected for the primary purpose of assessing whether you are eligible to apply for a research degree at Deakin University and scholarship with the Deakin University and Western Health Partnership. In submitting this information, you give your consent for it to be shared with staff who will make this decision. You have a right to access personal information that Deakin University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer via email at* *privacy@deakin.edu.au**.*