

**The Sir Robert Menzies Memorial Research Scholarship**

**ALLIED HEALTH SCIENCES**

**APPLICATION FORM: CLOSING DATE 30 JUNE, 2011**

The application must be presented as an EXACT COPY of this 8 page *single sided A4* form.

**SECTION 1: PERSONAL DETAILS**

Family name \_\_\_\_\_

Other names \_\_\_\_\_

Title (*Mr, Mrs, Ms, Miss*) \_\_\_\_\_

Place of birth \_\_\_\_\_

*(If not born in Australia,  
enclose copy of Naturalisation Certificate)*

**ADDRESS FOR CORRESPONDENCE:**

\_\_\_\_\_  
\_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone *W*(0 ) \_\_\_\_\_ *H* (0 ) \_\_\_\_\_

Email \_\_\_\_\_ Mobile \_\_\_\_\_

**ACADEMIC RECORD:**

Please list tertiary qualifications COMPLETED and enclose originals or certified copies of Academic Transcript(s).

**Qualifications:**

| Qualification (eg B App Sc Physio) | Level (eg H1, HD) | Institution | Year Awarded |
|------------------------------------|-------------------|-------------|--------------|
|                                    |                   |             |              |

**PRIZES AND AWARDS:**

Please list any prizes and awards that you received during your academic career.

| Prize/Award | Institution | Year of Award |
|-------------|-------------|---------------|
|             |             |               |

**RELEVANT EMPLOYMENT EXPERIENCE:**

| Position | Organisation/Institution | From | To |
|----------|--------------------------|------|----|
|          |                          |      |    |

**PUBLICATIONS, PRESENTATIONS AND OTHER ACHIEVEMENTS:**

Please list your publications in refereed journals and presentations at conferences. Also list your extra-curricular activities and achievements which you think will be of interest to the Selection Committee.

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|  |
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**Publications, presentations and other achievements (continued):**

**SECTION 2: HOST INSTITUTION**

**Institution at which research will be carried out**

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

**Responsible Officer of the Institution** (eg. Bursar, Registrar/Research Officer)

Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

### SECTION 3: PROJECT DETAILS

**Project Title:** .....

**When did the project commence?** .....

**When will the thesis be submitted for examination?** .....

**What specialist skills essential to the success of the project are not available within the project team (e.g. in statistical techniques, economic analysis etc.) and how is it proposed that this be overcome?**

### SECTION 4: ABSTRACT

**DO NOT TYPE OUTSIDE THIS FRAME**

Please describe the project in not more than 250 words. If the application is successful, the abstract may be used in future Menzies Foundation publications. It should therefore be comprehensible to persons outside your own discipline.

## SECTION 5: CERTIFICATION

Certification is required from the institution's Ethics Committee, the Supervisor and the Responsible Officer.

**Without these three Certifications, the application cannot proceed.**

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### 1. Certification by Ethics Committee (This certification is the responsibility of the applicant.)

PLEASE CIRCLE (a) OR (b) AND SIGN:

(a) I certify that the application has been referred to the institution's Ethics Committee, the report of which is included with this application.

OR

(b) I certify that the application has been referred to the institution's Ethics Committee, the report of which will be forwarded to the Executive Director of the Menzies Foundation.

Signature of applicant ..... Date .....

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### 2. Certification by Supervisor

I certify that the candidate, if successful, will be carrying out a program of full-time research leading to the Degree of .....

I expect the thesis to be submitted for examination not later than ..... (month) .... (year)

Name *Prof/Dr/etc* (BLOCK LETTERS) .....

Department .....

Signature of Supervisor ..... Date .....

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### 3. Certification by Responsible Officer of the Institution

I certify that this project is appropriate to the general facilities of this Institution and, if successful, will be administered and supported by the Institution.

Signature of Responsible Officer ..... Date .....  
(eg Bursar, Registrar, Research Officer)

## SECTION 6: REFEREES

Please give the names and addresses of three referees who can be approached by the Menzies Foundation. One should be the designated supervisor of the proposed research project; the second should be able to comment authoritatively on the quality of the applicant's academic qualifications; the third should be a personal referee who has known the applicant for some years and is therefore able to comment on his/her personal qualities.

**(a) Supervisor:** Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
State \_\_\_\_\_ Postcode \_\_\_\_\_  
Telephone: (0 ) \_\_\_\_\_ Fax: (0 ) \_\_\_\_\_  
Email \_\_\_\_\_

**(b) Academic:** Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
State \_\_\_\_\_ Postcode \_\_\_\_\_  
Telephone: (0 ) \_\_\_\_\_ Fax: (0 ) \_\_\_\_\_  
Email \_\_\_\_\_

**(c) Personal:** Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
State \_\_\_\_\_ Postcode \_\_\_\_\_  
Telephone: (0 ) \_\_\_\_\_ Fax: (0 ) \_\_\_\_\_  
Email \_\_\_\_\_

## PART 7: How did you become aware of the Menzies scholarship?

Internet site: \_\_\_\_\_ Previous recipient?  YES  NO  
Uni/Hospital/workplace (eg noticeboards, email, colleague): \_\_\_\_\_  
Other - please provide details (eg professional association): \_\_\_\_\_

## PART 8: LODGEMENT

**Attachments will not be circulated to the Selection Committee.** Please return one *single sided* original and one *single sided* photocopy of this form together with the Insert (following) describing your project, a recent photograph and your original or certified copy Academic Transcripts to:

General Manager  
The Menzies Foundation  
210 Clarendon Street  
EAST MELBOURNE VIC 3002

**CLOSING DATE**  
**30 JUNE, 2011**

**FULL DETAILS OF RESEARCH PROJECT**

The application should be completely described on this Insert which may be sent to external assessors. Do NOT exceed the two pages provided. The typeface must not be smaller than 10 point. Proposals should be comprehensive with a clear outline of the research methodology, using the following headings:

- 1. **Project Title:** .....
- 2. **Background:** *Describe the background to and the need for the project. Outline its significance to Australia. Up to six scientific references may be included.*
- 3. **Objectives and Hypothesis:** *State clearly your objectives and hypothesis.*
- 4. **Research Plan:** *Describe the experimental design, including subject numbers. Describe also the groups, measurements and procedures that will be used.*





## The Sir Robert Menzies Memorial Research Scholarship in the **ALLIED HEALTH SCIENCES**

### Instructions for Applicants

Applications should be typewritten on the standard single sided form. (Minimum acceptable size is 10 point.) Failure to complete any section will affect review of this application.

The application should include the following items with no other attachments:

1. The completed application form and one single-sided A4 photocopy.
2. Original or certified copies of Academic Transcript(s) and one photocopy.
3. A recent photograph for possible use on the web and in publications.
4. A copy of a Naturalisation Certificate (if not born in Australia) and one photocopy.

**Please note:**

5. Fill in all relevant boxes. **Do not** include a CV and **do not** put "See attachment".
6. The application form must be signed (page 5) by:
  - Yourself after circling Ethics statement (a) or (b)
  - Your Supervisor
  - The Responsible Officer of the Institution
7. Some projects are referred for comment to additional external assessors who receive **only** pages 7 and 8. The project should therefore be completely described in these two pages.

**Closing date: 30 JUNE**

Application forms are available at  
[www.menziesfoundation.org.au](http://www.menziesfoundation.org.au)