

**APPLICATION FORM – Higher Degree by Research Support Program (HDRSP)**

Version 1.4 Feb 2018



Higher Degree by Research Support Program - Application Form

Application Rules:

* Applications must not be handwritten
* Submit the completed signed application form to MNCLHD-Research@health.nsw.gov.au

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| **Section 1: Personal Details** |
| Applicant Name: |  |
| Contact Number: |  |
| Contact Email: |  |
| Facility: |  |
| Position: |  |
| Department: |  |
| Employee Number: |  | MNCLHD start date (approx.): |  |

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| **Section 2: Higher Degree Research Details**  |
| University: |  |
| Research Degree:(Honours, Masters, MPhil, PhD) |  |
| Thesis project summary:Provide an informative plain language summary of your research (100 words maximum). Identify the project’s main aims, its significance within the field and the expected research outcomes. |  |
| Student Number: |  |
| Supervisor/s Name and Contact details: |  |
| Progress:e.g. Commencing year 3 |  |
| Expected Completion date: |  |
| Details of previous funding/grants for this degree:e.g. University research support grants, MNCLHD grants |  |

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| **Section 3: Funding Details:** |
| Use of Funds: *Please complete the following table (add more rows if necessary)* |
| Item Description e.g. Transcription services, Conference attendance (name & location) etc. | Justification (why the amount is requested) | Cost | Tax invoice/ evidence attached? (Y/N) |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  | **Total:** | **$** |  |
| How will this funding enhance your HDR? (100 words max) |  |

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| **Section 4: Certification** |
| Applicant Name | Date |
|  |  |
| Signature |
|  |
| Supervisor Name *(only one Supervisor’s signature is required)* | Date |
|  |  |
| Signature |
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