Population Health Postgraduate Society

Application for PHPS Conference Travel Award 2010

Please forward this form to:
President
Population Health Postgraduate Society (PHPS)
School of Population Health (M431)
The University of Western Australia
35 Stirling Highway
CRAWLEY WA 6009

STUDENT DETAILS

STUDENT NUMBER: ___________________________ TITLE: (Dr, Ms, Mr, Miss etc) ___________

GIVEN NAMES: ___________________________ SURNAME: ___________________________

POSTAL ADDRESS: ________________________________________________________________

____________________________________________________ Postcode: ___________________

TELEPHONE NO: ___________________________ EMAIL: __________________________________

THESIS TITLE: ______________________________________________________________________

SCHOLARSHIP/S: ____________________________________________________________________

ENROLMENT DATE: (Enrolment details may be verified with the PRSO) __________________
DEGREE: Doctor of Philosophy ☐  Master of ☐
        Full Time ☐  Part Time ☐

DO YOU HAVE ALLOCATED SCHOLARSHIP TRAVEL FUNDS (E.G. NHMRC, HEALTHWAY, ARC)?

No ☐  Yes ☐  If yes, how much is allocated for travel per year? __________________

APPLICATION

Please attach:
• Current Curriculum Vitae (please include a professional referee)
• A copy of your Academic transcript
• One page or less summary (typed 12 pt) outlining the conference you will be attending, the paper you will presenting and most importantly, how attending the conference will assist you with your research training candidature, your career and when applicable, the University.
• Travel itinerary
• Itemised budget
Is the paper you are presenting a refereed paper? Yes [ ] No [ ]

Sum you are applying for (maximum of $500): ______________________

Please indicate any other forms of support you will be receiving for this travel e.g Graduate Research School Travel Award, PSA Conference Travel Award (specify monetary amounts):
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

When did you use your allocated scholarship travel funds (e.g. NHMRC, Healthway, ARC)? (Please Note: Students who have not utilised their allocated scholarship travel funds are ineligible for this award)
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Departure date of travel: _________________ Return date from travel: _________________

I, the applicant, declare that all information provided in this form is accurate.

Applicant: ________________________________ Date: __________________

Supported by
Supervisor(s): ________________________________ Date: __________________

Supported by Schools’ Graduate Research Coordinator (or) Head of School:

__________________________________________ Date: ______________________