Population Health Postgraduate Society

Application for PHPS Conference Award 2013

Please forward this form to:
Population Health Postgraduate Society (PHPS)
School of Population Health (M431)
The University of Western Australia
35 Stirling Highway
CRAWLEY WA 6009
Email: phps-sph@uwa.edu.au

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 OR CONFERENCE ATTENDANCE 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 (if applicable)
• Itemised budget
APPLICATION SUMMARY

Is the paper you are presenting a refereed (peer-reviewed) paper?
Yes [ ] No [ ]

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

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

If applicable, 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)
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

If travelling:
Departure date of travel: ___________ Return date from travel: ___________

If a local conference:
Conference start date: ___________ Conference end date: ___________
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: ________________