Population Health Postgraduate Society

Application for PHPS Conference Award
2012

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 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
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: ________________