

EMHS Aboriginal Mental Health

Research Scholarship

**Application Form**



Please read the associated **Guidelines for Applicants** when completing this form.

|  |  |
| --- | --- |
| **Project Title** |  |
| **Scholarship Applicant** | **Name:** |  |
|  | **University:** |  |
|  | **Phone:** |  |
|  | **Email:** |  |
| **Graduate Research Office contact** | **Name:** |  |
|  | **Email:** |  |
| **Higher Degree Enrolment Status** |[ ]  I am enrolled in a PhD program |
|  |[ ]  I have applied for admission into a PhD program |
|  |[ ]  I am enrolled in a Master of Research program |
|  |[ ]  I have applied for admission into a Master of Research program |
| **Masters Program** (if applicable) |  |
| **Qualifications**Please list completed degree programs |  |
| **Honours Project Title** (if applicable) |  |
| **Honours Primary Supervisor**(if applicable) | **Name:** |  |
|  | **Position:** |  |
|  | **University:** |  |
| **Are you of Aboriginal and/or Torres Strait Islander origin?** | **Yes** [ ]  |  |
| **Biography**Please provide a brief biography, including your area of study, your interest in Aboriginal mental health and why you are applying for this scholarship.***(Max 500 words)*** |  |
| **Project Summary**Please provide a brief description of your planned project and explain how it aligns to EMHS mental health and Aboriginal health services and focus areas. ***(Max 500 words)****Note: If you have a developed proposal or protocol please also submit this as a supporting document.* |  |
| **ACADEMIC REFEREES** |
| **Referee 1** | **Name:** |  |
|  | **Phone:** |  |
|  | **Email:** |  |
| **Referee 2** | **Name:** |  |
|  | **Phone:** |  |
|  | **Email:** |  |
| **UNIVERSITY APPROVAL** |
| **Head of School** | **Signature:** |  |
|  | **Name:** |  |
|  | **Position:** |  |
|  | **Date:** |  |
| **SUBMISSION** |
| **Deadline** | **21 February 2022** |
| **Submission**  | Please email this completed Application Form and supporting documents to: |
|  | EMHS.REG@health.wa.gov.au |
|  | Late applications will not be considered. |
| **Contact for Further Information** | Mark Woodman, Research Manager |
|  | Mark.Woodman@health.wa.gov.au | (08) 9224 3189 |
| **SUPPORTING DOCUMENTS** |
|[ ]  A resume or CV describing previous achievements and work experience |
|[ ]  Proof of any existing award (e.g., RTP Scholarship) |
|[ ]  An academic transcript  |
|[ ]  A research proposal or protocol (if applicable)  |
|[ ]  Other documents to support your application (if applicable, please specify): |
|  |  |