

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](mailto: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](mailto: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): | | | |
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