**Closing date: Friday, 22nd March 2018 Late applications will not be accepted.**

Please submit the completed application and attachments to:

Susan Martinez

Room 322, Edward Ford Building, A27

University of Sydney NSW 2006

Email: susan.martinez@sydney.edu.au

1. **PERSONAL DETAILS**

|  |  |  |
| --- | --- | --- |
| Family Name: | Other Names: | Title: |
| Contact Address: | Contact Telephone Number/s: | |
| Student ID: | Email: | |
| Name of Primary Supervisor: | | |
| Thesis Title: | | |

**Please mark the relevant boxes:**

I am enrolled as

Doctoral Student (PhD)  Masters by Research Student (MPhil)

Full-time student  Part-time student

Domestic Student  International Student

Scholarship Holder  Non Scholarship Holder

University of Sydney Student  University of Western Sydney Student

I confirm my thesis aims to support research on public health issues affecting Indigenous Australians, refugees or recently arrived migrants to Australia.

1. **RESEARCH OUTLINE**

Please provide a brief outline of your research project and aims (200 words max)

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1. **FUNDING JUSTIFICATION (300 words max)**

Please provide a brief summary of why you are seeking funding, including how it will help support you and/or your project. **What difference would the award make to your ability to undertake your research?** You must include a simple budget of how the funds would be spent.

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1. **EXISTING FINANCIAL SUPPORT (200 words max)**

Please outline any sources of funding you have received since commencing your research degree.

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1. **ACHIEVEMENTS**

**Please mark any relevant to your research degree**

Publications published or in review (list below and attach a copy of the **abstract** or page 1 of the published paper, or evidence that publications have been accepted)

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Conference abstracts accepted. (List below – do not attach any copies)

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Awards or prizes received since commencing research degree. (List below)

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1. **SUPERVISOR SUPPORT**

I confirm my supervisor supports this application and a letter or email confirming my progress to date is attached to this application.

1. **ACADEMIC TRANSCRIPS**

I have attached a copy of all relevant academic transcripts.

1. **APPLICANT’S SIGNATURE**

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| I have read and checked the eligibility criteria for the Cross Cultural Public Health Research Award. I declare that the information provided by me on this application form and supporting documentation is complete, true and correct.  Signature of Applicant: …………………………………………………………. Date: ……………………..……. |