



The University of Sydney

DISCIPLINE OF SURGERY
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JOHN LOEWENTHAL SCHOLARSHIP APPLICATION FORM 2009

This application, complete with supporting documentation,
must be submitted to the DISCIPLINE OF SURGERY by
Friday, February 27, 2009.

LATE, FAXED and E-MAILED applications will NOT be accepted.

1. Full name of applicant

Title Mr Mrs Miss Ms Dr Other _____
Family Name _____
Given Names _____
Previous Name (if applicable) _____
Student Identification Number _____

2. Contact details

(Must be valid from October 2008 through to March 2009 and changes must be notified to the Discipline of Surgery in writing).

Address _____
Address _____
Suburb/City _____
State _____ Postcode _____
Country _____
Phone number/s _____
E-mail address _____

3. Resident status

- a. Are you an Australian or New Zealand citizen or do you hold a Hong Kong passport? Yes No

If **YES** go straight to Question 4. If **NO**, continue with Question 3(b).

- b. Do you have permanent resident status in Australia? Yes No

- c. Do you expect to have permanent resident status in Australia by 27/02/2009? (If permanent residence is granted by 27/02/2009 then please forward evidence as soon as possible after it has been granted. Failure to comply will jeopardize your application). Yes No

If **NO**, you are **ineligible** for this scholarship and should not complete this form.

4. Enrolment details

- a. Are you currently enrolled or accepted FULL TIME into the Master of Surgery (Coursework or Research), or the Master or Doctor in Philosophy within the Discipline of Surgery? Yes No

- b. If Yes, when did or when will you commence? _____

If **NO**, you are **ineligible** for this scholarship and should not complete this form.

5. Tertiary qualifications

Please list **all** tertiary qualifications you hold or have attempted. Add more pages if necessary.

Qualification (e.g. MB BS)	Level of award (e.g. Pass, Hons 1)	Awarding Institution (e.g. University of Sydney)	Year completed	Normal full time duration of course	Per cent of course by research if any (e.g. 50%)

6. Other qualifications

If you hold qualifications from professional associations or colleges, or have passed qualifying exams such as Part I or II of the Fellowship of the Royal Australasian College of Surgeons, please list them here and attach certified copies of documentary evidence such as letters from the college.

7. Research potential

Applicants will be assessed on their research potential as well as their academic qualifications so should provide details with supporting evidence of research potential.

Research potential includes:

1. Publications that have been published by a reputable printer.
 - a) A published book – must be research not teaching.
 - b) A chapter in an edited book (not conference proceedings).
 - c) Papers published or accepted for publication in refereed journals.
 - d) Papers published in national or international conference proceedings.
 - e) Published presenting author conference abstracts at a national or international conference.
 - f) A patent.
 - g) A published research report.
 - h) A published case report.

Please submit a list of publications and for each publication please include a copy of the *front page only*, showing the complete list of authors, year of publication, journal, volume and page numbers, and ISSN for journals where English is not the language of publication. For papers that have been accepted for publication, proof of the acceptance must be provided such as an email from the journal. For conferences please include the details of the conference. For patents, please provide the patent number and the relevant notice that the patent has been granted.

2. Grants where the applicant is an investigator making a significant contribution. Please provide a list of grants indicating amount, year, principle investigators, granting body and include proof that the grant was made. A copy of the front page of the grant application is not proof that it was granted.
3. Relevant professional experience at a responsible level or direct research experience. Please give a chronological list of any such relevant professional and/or research experience, and provide evidence such as letters of offer or references.
4. A proposal of the research you wish to undertake in your degree.

8. Referees' reports

Please provide the names and positions of two academic referees who are familiar with your most recent studies. Please detach the two copies of the Referee's report, fill in Section A and forward one copy to each referee, asking the referees to complete Section B and return the report directly to the Discipline of Surgery by no later than Friday, 27 February, 2009.

It is the applicant's responsibility to ensure that the referees respond by the due date.

Referee 1

Title _____

Family Name _____

Given Names _____

Referee 2

Title _____

Family Name _____

Given Names _____

9. Please attach:

- Proof of Australian or New Zealand citizenship, Australian permanent residency or

Hong Kong passport.

- Proof of enrolment or proof of acceptance into either the Master of Surgery, PhD or Master in Philosophy.
- Certified copies of all transcripts of your tertiary qualifications and attempts.
- Evidence if any of your qualifications included a research component that was 25 per cent or more of the total requirements of the course.
- Evidence of RACS membership or other such qualification.
- List of any publications with necessary proof for each publication.
- List of any grants with the necessary proof for each grant.
- A chronology of professional experience and necessary proof.
- A proposal of the research you wish to undertake in your degree.
- Proof of name change is necessary if any of the evidence provided is not in applicant's current name.

10. Declaration

I declare that the information supplied by me on this form and the supporting documents is complete, true and correct.

I authorise the University of Sydney to obtain from other educational institutions I have attended and other relevant authorities at any time, details of my enrolment, academic record and examination results, including details of enrolment variations and attendance in connection with my application for the John Loewenthal scholarship offered through the Faculty of Medicine.

I agree to abide by the University's conditions of award as amended from time to time. I note the effect prior scholarship(s) and/or candidature may have on the tenure of the award.

I am aware that there are severe penalties for providing false or misleading information, including exclusion of my application and cancellation of scholarship support.

Applicant's Full Name _____

Applicant's Signature _____

Date _____

Privacy statement

In accordance with the University of Sydney Privacy Policy, the information you provide for this application is collected and held by the University in order to assess candidates for scholarships offered through the Faculty of Medicine and for administrative and statistical purposes. Enquiries regarding access to and correction of personal information should be directed in the first instance to the Discipline of Surgery.

