



The University of Sydney

Dr Albert S McKern Travelling Research Scholarship

Application form 2010

(Note: this scholarship is only available to Graduates of University of Sydney, University of Edinburgh, Scotland, Yale University, USA)

Application form for Semester One 2010

Department of Obstetrics, Gynaecology and Neonatology

Closing date: 31 October 2009

Late applications will not be accepted.

Please submit two sets of the completed application and attachments to:

**Professor Jonathan Morris, Head – Discipline of Obstetrics, Gynaecology & Neonatology,
University of Sydney, North Shore Hospital – Building 52, St Leonards, NSW 2065**

1. PERSONAL DETAILS

Family Name:	Other Names:	Title:	Student No:
Contact Address:		Contact Telephone Number/s:	
		Email:	

2. Please complete (a) or (b)

(a) CURRENT ENROLMENT DETAILS

Department / School:	Degree: PhD or Masters by research	Attendance: Full-time or Part-time
Number of full-time equivalent (FTE) semester/s you have enrolled in this course (including any upgrade from a Masters by research to PhD) at the closing date applications: _____ FTE semester/s since _____ (month and year).		
Name of your Supervisor:		

(b) CURRENT POSITION DETAILS

Department/School:	Title:	Full-time or Part-time
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3. SCHOLARSHIP/S CURRENTLY HELD

Name of Award (list all scholarships currently held):	Commenced from: (month and year)	Value of Award:
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4. FUNDING SOUGHT: Please attach a budget including quotes indicating the total amount requested and a breakdown via category such as travel, accommodation, etc.

Please insert amounts per category here (additional information to be provided in attachment)	Amount:
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5. HAVE YOU PREVIOUSLY RECEIVED A DR ALBERT S MCKERN TRAVELLING RESEARCH SCHOLARSHIP? _____

If the answer to the above is “Yes” please provide details

6. ACHIEVEMENT RELATED TO RESEARCH (IF ANY): Please attach a 2 page CV summarising research experience and achievements.

List details of any prizes, seminars, conference presentations/posters, publications (state whether published, in press or submitted only) and internal reports that have resulted from your research to date? Attach a separate sheet if required.

7. SUPERVISOR'S SUPPORT (STUDENT)

I support the application for funds by the applicant who is undertaking a PhD/Masters by research degree under my supervision. (*Additional comments should be made on a separate sheet and attached to the application.*)

Signature of Supervisor: Date:

8. HEAD OF DEPARTMENT SUPPORT (ALL APPLICATIONS OTHER THAN STUDENT)

I support the application for funds by the applicant who is undertaking investigations into the cause, prevention and treatment of mental and physical pain and distress during pregnancy, labour and puerperium.

Signature of Head of Department: Date:

9. APPLICANT'S SIGNATURE

I have read and checked the eligibility criteria in the *Terms and Conditions*. I declare that the information provided by me on this application form and supporting documentation is complete, true and correct.

Signature of Applicant: Date: