

MACQUARIE UNIVERSITY HIGHER DEGREE RESEARCH CANDIDATE INDUSTRY INTERNSHIP/EXTERNAL FUNDING COVERSHEET



MACQUARIE
University
SYDNEY-AUSTRALIA

PLEASE RETURN THE COMPLETED FORM TO THE OFFICE OF HDR TRAINING AND PARTNERSHIPS— AT 17 WALLY'S WALK OR VIA EMAIL
HDRSCHOL@MQ.EDU.AU, TWO WEEKS PRIOR TO THE DATE OF COMMENCEMENT OF THE INTERNSHIP/EXTERNAL FUNDING DEADLINE

HDR CANDIDATE DETAILS			
TITLE:	<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> OTHER:	DATE OF BIRTH (DD/MM/YYYY):	
STUDENT ID:		STAFF ID (IF APPLICABLE):	
GIVEN NAME(S):		SURNAME:	
EMAIL		PHONE:	
<input type="checkbox"/> DOMESTIC - AUSTRALIAN CITIZEN / AUSTRALIAN PR / NEW ZEALAND CITIZEN (AUSTRALIAN PR, PLEASE PROVIDE PASSPORT AND VISA DETAILS)			
<input type="checkbox"/> INTERNATIONAL - COUNTRY OF CITIZENSHIP:			
PASSPORT NO:		COUNTRY OF ISSUE:	EXPIRY DATE:
VISA NO:		VISA TYPE:	EXPIRY DATE:
INDUSTRY PARTNER AND INTERNSHIP DETAILS – FOR INTERNSHIPS			
INDUSTRY PARTNER NAME		START DATE (DD/MM/YYYY):	
INDUSTRY FACILITATOR:		END DATE (DD/MM/YYYY):	
INDUSTRY SUPERVISOR NAME:		INDUSTRY SUPERVISOR ADDRESS:	
INDUSTRY SUPERVISOR EMAIL:		PHONE:	
WILL YOU BE PAID FOR THE INTERNSHIP?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, \$ VALUE?	
EXTERNAL FUNDING/GRANT DETAILS – FOR EXTERNAL FUNDING APPLICATIONS			
FUNDING BODY NAME:		CLOSING DATE (DD/MM/YYYY):	
AWARD NAME:		FUNDING AVAILABLE FROM (DD/MM/YYYY):	
\$ VALUE OF GRANT:		WEBSITE:	
CURRENT SCHOLARSHIP:	<input type="checkbox"/> RTP <input type="checkbox"/> IRTP <input type="checkbox"/> MQRES <input type="checkbox"/> IMQRES <input type="checkbox"/> OTHER (PLEASE SPECIFY): CLICK OR TAP HERE TO ENTER TEXT. <input type="checkbox"/> BPHIL/MRES Y1 <input type="checkbox"/> MQRES MRES Y2 <input type="checkbox"/> IMQRES MRES Y2 <input type="checkbox"/> RTP MRES Y2 <input type="checkbox"/> IRTP MRES Y2		
CURRENT ENROLMENT AND CANDIDATURE DETAILS			
COTUTELLE/JOINT PHD?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HOME INSTITUTION:	PARTNER INSTITUTION:
DEGREE IS:	<input type="checkbox"/> PHD <input type="checkbox"/> MPHIL <input type="checkbox"/> BPHIL/MRES YEAR 1 <input type="checkbox"/> MRES YEAR 2		
FACULTY:	DEPARTMENT/CENTRE:		
HAVE YOU SUBMITTED YOUR THESIS? <input type="checkbox"/> YES <input type="checkbox"/> NO	THESIS SUBMITTED ON:		

ONLY COMPLETE THE FOLLOWING QUESTIONS IF YOU HAVE <i>NOT</i> SUBMITTED YOUR THESIS	
EWS DATE (DD/MM/YYYY):	HAS YOUR CANDIDATURE BEEN CONFIRMED? <input type="checkbox"/> Yes <input type="checkbox"/> No
HAVE YOU APPLIED FOR AN EXTENSION OF EWS DATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAS YOUR CURRENT APR BEEN APPROVED? <input type="checkbox"/> Yes <input type="checkbox"/> No
DO YOU WISH TO SUSPEND YOUR CANDIDATURE AND/OR SCHOLARSHIP DURING THIS PERIOD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ALL CANDIDATES TO COMPLETE CANDIDATE CHECKLIST AND DECLARATION:	<input type="checkbox"/> (CANDIDATES WHO HAVE NOT SUBMITTED THEIR THESIS) I HAVE ATTACHED A DETAILED COMPLETION PLAN FOR MY REMAINING CANDIDATURE AND SPECIFIED ANY IMPACT THAT THIS APPLICATION WILL HAVE ON MY CANDIDATURE <input type="checkbox"/> (INTERNSHIPS ONLY) I HAVE ATTACHED A COPY OF THE DRAFT INTERNSHIP AGREEMENT <input type="checkbox"/> (EXTERNAL FUNDING ONLY) I HAVE ATTACHED A DRAFT EXTERNAL FUNDING APPLICATION <input type="checkbox"/> (CURRENT SCHOLARSHIP HOLDERS) I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD MY CONDITIONS OF AWARD , AND THAT FUNDING RECEIVED AS A RESULT OF THIS APPLICATION WILL NOT BREACH MY CONDITIONS OF AWARD <input type="checkbox"/> I DECLARE THAT THE INFORMATION SUPPLIED BY ME ON THIS FORM IS COMPLETE, ACCURATE AND TRUE IN EVERY PARTICULAR, AND THAT MACQUARIE UNIVERSITY RESERVES THE RIGHT TO REVERSE ANY DECISION MADE ON THIS BASIS IF IT IS FOUND THAT ANY INFORMATION I HAVE PROVIDED IS FALSE OR MISLEADING.
CANDIDATE SIGNATURE:	
PRINCIPAL SUPERVISOR COMMENT AND APPROVAL	
PLEASE COMMENT ON CANDIDATE'S APPLICATION AND THE RELEVANCE TO THE CANDIDATE'S RESEARCH PROJECT/TRANSFERRABLE SKILLS:	
SUPERVISOR: HAVE YOU CREATED A PURE APPLICATION FOR THIS AWARD? <input type="checkbox"/> Yes <input type="checkbox"/> No (NB. A PURE APPLICATION WILL NEED TO BE CREATED BEFORE THE FUNDING BODY CAN BE INVOICED AND THE AWARD PAID TO THE CANDIDATE). PURE ID:	
SEO CODE	
FOR CODE(s)	
SUPERVISOR SIGNATURE:	
DEPARTMENT REVIEW AND APPROVAL	
PLEASE COMMENT ON CANDIDATE'S APPLICATION AND THE RELEVANCE TO THE CANDIDATE'S RESEARCH PROJECT/TRANSFERRABLE SKILLS:	
DEPARTMENT REVIEWER SIGNATURE:	
FACULTY REVIEW AND APPROVAL	
ADHDR OR MRES DIRECTOR SIGNATURE:	
EXECUTIVE DIRECTOR HDRO APPROVAL	
ED RT&IRTP OR DELEGATE	
FOR HDRO SCHOLARSHIPS TEAM USE ONLY – STIPEND FOR INTERNSHIP/EXT FUNDING	FOR HDRO PROGRESSIONS TEAM USE ONLY - INTERNSHIP
<input type="checkbox"/> STIPEND SET UP IN RESEARCH MASTER IF REQUIRED <input type="checkbox"/> ACCOUNT CODE REQUEST ACTIONED <input type="checkbox"/> HR PAYROLL UPDATED <input type="checkbox"/> CANDIDATE NOTIFIED <input type="checkbox"/> AMIS COMMENT CODE UPDATED <input type="checkbox"/> EXTERNAL FUNDING APPLICATION COMMUNICATED TO RS	<input type="checkbox"/> LOA ACTIONED IF REQUIRED <input type="checkbox"/> INTERNSHIP DETAILS ADDED TO TRACKING SHEET/AMIS <input type="checkbox"/> AMIS UPDATED WITH END USER SUPERVISOR <input type="checkbox"/> CANDIDATE NOTIFIED <input type="checkbox"/> AMIS COMMENT CODE UPDATED