Melbourne School of Population Health
and
*Murrup Barak* – Melbourne Institute for Indigenous Development

**Professional Certificate in Indigenous Research (GC-IRPRO)**

**Supplementary Information Form**

The information supplied in this form is for the benefit of the Selection Committee.

### Student Details

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### Candidature Details

Which Research Higher Degree are you enrolled in?
- [ ] PhD
- [ ] Professional Doctorate (eg EdD)
- [ ] Masters by Research
- [ ] Other: ____________________________

Will you be studying full time in 2013?  
- [ ] Yes  
- [ ] No

What year of Candidature are you now in?  

Which University are you enrolled at?  

What is your Department/School/Faculty?  

What is your Field of Study/Discipline?  

What is the required word length of your thesis?  

What percentage of your degree is the thesis?  

### Supervisor Details

Nominating Supervisor:  

Supervisor’s Position:  

University/Department:  

Mailing Address:  

Telephone:  
Fax:  

Email:  

Head of Department:  

Note: Supervisors are encouraged to attend the Summer School.

Will your supervisor be attending?  
- [ ] Yes  
- [ ] No

Please Note: You must include a brief statement of support from your Supervisor indicating why they have nominated you for the Summer School. It is your responsibility to ensure the statement is submitted with your application.
Student Learning Needs

I am interested in attending the Summer School to learn more about the following: (tick any relevant topics)

☐ Developing research questions;
☐ Methods and/or methodology;
☐ Doing a literature review;
☐ Data collection and/or analysis;
☐ Ethics issues and processes;
☐ Working with research supervisors;
☐ Designing a research project;
☐ Information retrieval and management eg using Endnote
☐ Other: ____________________________________________________________

Terms and Conditions:

I understand that in accepting my offer I will be agreeing to the following terms and conditions:

1. I will attend all 5 days of the Summer School sessions.
2. I am currently enrolled in a Research Higher Degree course.

________________________________________________________________________
Student's Signature

________________________________________________________________________
Date

Please send all Supporting Documentation to:

Mrs Elizabeth (Liz) Dent
Manager, Academic Programs Office
Melbourne School of Population Health
The University of Melbourne
Level 4, 207 Bouverie Street, Carlton, VIC 3053