FACULTY OF HEALTH AND MEDICAL SCIENCES Adelaide Dental School



THE HERBERT GILL-WILLIAMS SCHOLARSHIP 2020 GUIDELINES AND APPLICATION FORM

BACKGROUND

The purpose of the Herbert Gill-Williams Scholarship is to support Higher Degree by Research students of outstanding merit to undertake further research studies in dentistry at the Adelaide Dental School, University of Adelaide. Applicants do not require an undergraduate degree in dentistry.

ELIGIBILITY

Recipients must be Australian citizens, New Zealand citizens or permanent residents of Australia and must remain enrolled on a full-time basis in the program for which the Scholarship was approved. Part-time study may be provided for if approved by the Head of School and only if extenuating circumstances apply.

SELECTION CRITERIA

The Scholarship shall be offered as income permits on the recommendation of the Head of the Adelaide Dental School.

Selection of the candidate will be undertaken on the basis of academic merit and research potential of the applicants, as determined by the Head of School or nominee. In the event that the Head of School or nominee is unable to identify a candidate of sufficient merit, the Scholarship shall not be awarded.

FINANCIAL SUPPORT

The Scholarship is tenable for:

- up to two years for a Research Masters; or
- up to three years for a Doctor of Philosophy, with a possible six month extension.

Please note: the tenure of the award will be reduced by any previous candidature or any credit received for the program of study.

No more than one Scholarship will be tenable at any time. The Scholarship will not be offered again until completion or termination of the current running Scholarship.

The value of the Scholarship shall be \$5,000 per annum above the Research Training Program Stipend (RTPS) indexed annually (in 2020, RTPS rate will be \$28,092). Scholarship recipients will be subject to the same conditions of award as recipients of a Research Training Program Stipend (RTPS) and entitled to all of the benefits and allowances provided by the RTPS.

Payment of the stipend to the successful applicant will be disbursed by the University on a fortnightly basis.

CONDITIONS

The Scholarship must be taken up in the year in which it is offered; acceptance of the Scholarship offer cannot be deferred. If a student declines the Scholarship offer, the Scholarship will be offered to the next eligible student.

Students in receipt of another major award may not apply for this Scholarship.

Application for Admission (students not currently enrolled)

If you are not a current student, you must apply for admission to a Higher Degree by Research program to be eligible to apply for this Scholarship.

Refer to the Adelaide Graduate Centre website for <u>application guidelines</u>. Applications must be submitted using the Domestic Online Application Form

FACULTY OF HEALTH AND MEDICAL SCIENCES Adelaide Dental School



HOW TO APPLY

Completed Scholarship application forms and supporting documents should be forwarded electronically, in one-pdf-file, to fhsresed@adelaide.edu.au by COB on Friday 1 November 2019.

FURTHER ENQUIRIES

Enquires should be directed to the Faculty of Health and Medical Sciences Research Education team at fhsresed@adelaide.edu.au

FACULTY OF HEALTH AND MEDICAL SCIENCES Adelaide Dental School



THE HERBERT GILL-WILLIAMS SCHOLARSHIP 2020 APPLICATION FORM

SECTION A - TO BE COMPLETED BY THE APPLICANT

1. STUDENT DETAILS			
Title:	Surname:	Given names:	
Email:		Telephone/mobile:	
Student ID:		Date of HDR enrolment:	
If not a current student, date you applied for Admission:			
Australian cit New Zealand Permanent re	citizen	Yes □ No □ Yes □ No □ Yes □ No □	
Google Scholar Account:		ORCiD ID:	
2. SUPERVISOR DETAILS			
Title:	Surname:	Given names:	
Email:		Telephone/mobile:	
University of Adelaide Researcher Profile URL (populated and public):			
Google Scho	olar Account:	ORCiD ID:	
3. STUDY DETAILS			
Title of research project.			
Brief description of research project (1,000 word maximum).			
Current scholarship funding (e.g. RTPS, University of Adelaide research scholarship, supplementary scholarship). Yes No Details:			

FACULTY OF HEALTH AND MEDICAL SCIENCES Adelaide Dental School



4. SUPPORTING DOCUMENTATION			
 □ Academic transcript* *either copy of an original transcript or unofficial version printed from Access Adelaide □ Curriculum Vitae 			
5. APPLICANT SIGNATURE			
I hereby apply for the Herbert-Gill Williams Scholarship in the Adelaide Dental School, Faculty of Health and Medical Sciences and I declare that the information I have supplied is to the best of my knowledge correct. I recognise that it is my responsibility to provide all necessary documentation and applications with incomplete documentation cannot be considered.			
Signature	Date		
SECTION B - TO BE COMPLETED BY THE SUPERVISOR SUPERVISOR DETAILS			
Title: Surname:	Given names:		
SUPERVISOR STATEMENT OF SUPPORT			
Statement in support of the application.			
SUPERVISOR SIGNATURE			
Signature	Date		

Completed applications should be forwarded electronically, in <u>one pdf file</u>, by COB on Friday 1 November 2019 to fhsresed@adelaide.edu.au