



Office of Science & Innovation
Department of the Premier and Cabinet

Science and Innovation Studentship Award

To support the development of new ideas and innovation, by promoting research interaction between industry and academia.

20 Studentships available valued at \$7000 each

Application Form 2005/2006

Section 1: To be completed by the Studentship Applicant

Section 2: To be completed by the Host Organisation authorised representative

Section 3: To be completed by the Academic Supervisor for the applicant's project

Section 4: To be completed by an Academic Referee

Statement of Project Details: To be completed by Student Applicant and Host Organisation

Applications to be lodged by

5.00 pm 16th SEPTEMBER 2005

Submit To:

Curtin University of Technology

Ms Julie Lea, Scholarships Officer, Student Administration Services

Edith Cowan University

*Ms Kerry Moore, Scholarships Officer, Fees and Scholarships Office,
Mt Lawley Campus*

Murdoch University

Ms Anne Randell, Manager, Graduate Research Centre

Notre Dame University

Assoc Prof. Peta Sanderson, Assistant Dean, College of Science and Technology

The University of Western Australia

Ms Jo Francis, Scholarship Officer, Graduate Research and Scholarships Office

**SCIENCE AND INNOVATION STUDENTSHIP AWARD
APPLICATION FORM 2005/2006**

Before completing this application you should read the full Studentship Guidelines, available from University Scholarship Officers and the Office of Science and Innovation website www.scienceandinnovation.dpc.wa.gov.au.

Section One

Student Applicant must complete all sections

1.1. PERSONAL DETAILS:

PERSONAL DETAILS	SURNAME:		R	MR		MISS		MRS	
				MS		DR		OTHER	
	OTHER NAMES:								
	DATE OF BIRTH: /...../.....								
	PLACE OF BIRTH:								
	NATIONALITY:								
	PERMANENT HOME ADDRESS:						TELEPHONE NUMBERS:		
	WA POST CODE:						Business: _____		
E-MAIL ADDRESS:						Home: _____			
						Mobile: _____			

Are you currently?

- An Australian Citizen
- Permanent Australian resident
- Here under a Permanent Humanitarian Visa

Please attach a certified copy of your Birth Certificate, Australian Citizenship Certificate, Permanent Humanitarian Visa or proof of being a permanent Australian Resident (i.e. Passport) as applicable.

Health Status – please specify health factors, which may require special consideration:

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1.2. ACADEMIC HISTORY: _____

Academic record.

Please attach certified copy of current academic record.

Current University: _____

Years of study completed in current course at time of application:

2 years 3 years 4 Years Graduated

NOTE: Receiving the Studentship is conditional upon completion of the second year of full-time studies in your current degree. If you are currently studying semester two in the 2nd year of your degree and will be awaiting results in December 2005 you will need to get an Academic Referee to support your application by stating that they believe you will fulfil the 2nd year course requirements. Please see the Academic Referee report attached to the back of this application form.

Current Degree being studied: _____

Previous tertiary qualifications, if any and year completed:

1. _____

2. _____

Academic distinctions, prizes or additional scholarships received:

Please list any additional Awards/Grants for which separate applications are currently being lodged: _____

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Present occupation or employment, and previous appointments (please give details including date/s and description of position/s):

1.3. ACADEMIC REFEREES:

Referees – Name two persons to whom a confidential reference about you may be made. One of them should, if possible, be a person under whom you have studied.

REFEREE ONE	SURNAME:	R	MR		MISS		MRS	
			MS		DR		OTHER	
	OTHER NAMES:							
	POSITION:				TELEPHONE NUMBERS:			
	DEPARTMENT:				Business:			
	UNIVERSITY:				Home:			
	E-MAIL ADDRESS:				Mobile:			

REFEREE TWO	SURNAME:	R	MR		MISS		MRS	
			MS		DR		OTHER	
	OTHER NAMES:							
	POSITION:				TELEPHONE NUMBERS:			
	DEPARTMENT:				Business:			
	UNIVERSITY:				Home:			
	E-MAIL ADDRESS:				Mobile:			

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1.4. RESEARCH PROPOSAL:

A copy of the work program or research proposal should be attached. This should be prepared by the student and not by the placement organisation. The proposal should be no more than 3 pages and include:

1. Title

2. Introduction

3. Nature of the Project

An outline defining the nature of the project and methodology. Specific objectives of the project should be incorporated.

4. Timetable

§ A timetable highlighting key research and development activities including milestones, for a project, which is achievable in 10 weeks.

§ Resources required for the project.

5. Potential of the project

§ The potential commercial applications of the project.

6. Key objectives

§ An explanation of how the key objectives of the project will help assist the Host Organisation's commercial operation.

7. Benefits to Western Australia

§ The economic benefits of the project to specific industry or business sectors in Western Australia.

§ Commercial relevance to Western Australian Industry.

8. Conclusion

An outstanding Research Proposal should:

- *Show evidence of consistent academic performance.*
- *Show evidence of creativity.*
- *Address an issue of commercial relevance to Western Australian Industry.*
- *Show evidence of individual enthusiasm and motivation in the formation of the proposal and liaison with the appropriate organisation.*
- *Be a maximum of 3 pages with emphasis towards quality rather than quantity.*

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TO BE INCLUDED with SECTION ONE:

- Research Proposal of work program (this should not exceed 1500 words). Refer to **Eligibility Criteria in Studentship Guidelines.**
- Certified copy of current academic record.
- Certified copy of Birth Certificate, Australian Citizenship Certificate, Passport, Naturalisation Certificate, or permanent Humanitarian Visa.

1.5. DECLARATION

DECLARATION

I declare that I have lived in WA for the last two (2) years or more and that the statements made in this application and attached documentation, to the best of my knowledge, are true, complete and correct. I have read the guidelines giving details of the Science and Innovation Studentship Award for which I now apply and I agree to observe the conditions of the award.

.....
Signature of Applicant

.....
Date

Thank you for completing this section.

End of section one

(SECTION TWO OVER PAGE)

**SCIENCE AND INNOVATION STUDENTSHIP AWARD
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Section Two

Host Organisation to complete all sections (*please note that the Host Organisation must be a registered private company operating within the WA sector*).

Before completing this application you should read the full Studentship Guidelines, available from University Scholarship Officers and the Office of Science and Innovation website www.scienceandinnovation.dpc.wa.gov.au.

2.1. HOST ORGANISATION DETAILS

HOST ORGANISATION MANAGING DIRECTOR/ PRINCIPAL	SURNAME:	R	MR		MISS		MRS		
			MS		DR		OTHER		
	OTHER NAMES:								
	POSITION:								
	HOST ORGANISATION:						ABN:		
							ACN:		
	ADDRESS:						TELEPHONE NUMBERS:		
	WA POST CODE:						Business: _____		
E-MAIL ADDRESS:						Home: _____			
URL:						Mobile: _____			
						FAX: _____			
HOST ORGANISATION STUDENT SUPERVISOR	SURNAME:	R	MR		MISS		MRS		
			MS		DR		OTHER		
	OTHER NAMES:								
	POSITION:								
	ADDRESS:						TELEPHONE NUMBERS:		
	WA POST CODE:						Business: _____		
	E-MAIL ADDRESS:						Mobile: _____		
	What percentage of the supervisor's time per week will be spent with student?						FAX: _____		
						%			

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Detail in brief, ways in which the proposed project will benefit Western Australian Industry (point form preferred):

2.2. DECLARATION BY HOST ORGANISATION

DECLARATION	We:
 Host Organisation name
	Hereby accept responsibility for supervising,
 Student Name
	For the duration of the Studentship.

	Signature of authorised representative of Host Organisation: _____ Date _____
 NAME (Please Print)
..... POSITION	
<hr/>	
Signature of Host Organisation nominated supervisor _____ Date _____	
..... NAME (Please Print)	
..... POSITION	

Thank you for taking the time to fill out this section.

End of section two

(SECTION THREE OVER PAGE)

SCIENCE AND INNOVATION STUDENTSHIP AWARD
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Section Three

Must be completed by the Academic Supervisor

Before completing this application you should read the full Studentship Guidelines, available from University Scholarship Officers and the Office of Science and Innovation website: www.scienceandinnovation.dpc.wa.gov.au.

I, _____
(name of Academic Supervisor)

declare that the attached work program is viable and able to be completed within the proposed timeframe (10 weeks) and accept the roles and responsibilities of Academic Supervisor for this Studentship Project as outlined in the Studentship Guidelines.

Signature of Supervisor: _____

Position: _____

Department: _____

University: _____

Date: _____

Office Ph: _____ Fax: _____

Email: _____

Thank you for taking the time to fill out this section.

End of section three

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(SECTION FOUR OVER PAGE)

Section Four

Must be completed by Academic Referee

Academic Referee Report 2005/2006

NAME OF STUDENT: _____
(Please PRINT)

4.1. At what level of studies is the Applicant currently? (Please tick)

Undergraduate	1 st year	<input type="checkbox"/>
	2 nd year	<input type="checkbox"/>
	3 rd year	<input type="checkbox"/>
	4 th year	<input type="checkbox"/>
Honours		<input type="checkbox"/>
Postgraduate		<input type="checkbox"/>

4.2. Please Note: Receiving the Studentship Award is conditional upon the Applicant completing a minimum of 2 years full-time study in their current degree.

If the student is currently studying and nearing completion of semester two in the 2nd year of their degree and awaiting results released in December 2005, do you support their application and believe the student will fulfil the 2nd year course requirements before commencing the Studentship? (Please tick)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unsure	<input type="checkbox"/>
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4.3. At what level would you rate the Applicants academic ability? (Please tick)

in top 5%	<input type="checkbox"/>	in top 20%	<input type="checkbox"/>	in top 40%	<input type="checkbox"/>	below top 40%	<input type="checkbox"/>
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(continued over page)

**SCIENCE AND INNOVATION STUDENTSHIP AWARD
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4.4. **Would you view the Applicant as having an academic record which is** (please tick most appropriate):

Outstanding	<input type="checkbox"/>
Very Good	<input type="checkbox"/>
Good	<input type="checkbox"/>
Mediocre	<input type="checkbox"/>
Poor	<input type="checkbox"/>

4.5. **How would you assess the Applicant's proposal and ability to undertake the research proposal outlined in the Science and Innovation Studentship Application?** (Please tick)

PROPOSAL

Outstanding	<input type="checkbox"/>
Very Good	<input type="checkbox"/>
Good	<input type="checkbox"/>
Mediocre	<input type="checkbox"/>
Poor	<input type="checkbox"/>

RESEARCH ABILITY

Outstanding	<input type="checkbox"/>
Very Good	<input type="checkbox"/>
Good	<input type="checkbox"/>
Mediocre	<input type="checkbox"/>
Poor	<input type="checkbox"/>

4.6. **Is the research proposal outlined within the Science and Innovation Studentship Application relevant to the Applicant's field of study?**

4.7. **How will the Studentship benefit the Applicant's professional development?**

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4.8. In your opinion, is the project achievable with the resources available and within the specified timeframe? (please tick)

Yes

No

Unsure

4.9. General comments. Please add any other comments that you feel are relevant in consideration of this application, particularly regarding the Applicant's motivation and initiative.

Signature of Referee: _____ Date:/...../.....

Name (please print): _____

Position: _____

Department: _____

University: _____

Office Ph: _____ FAX: _____

Email: _____

*Thank you for taking the time to fill out this section.
End of section four*

(STATEMENT OF PROJECT DETAILS OVER PAGE)

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SCIENCE AND INNOVATION STUDENTSHIP AWARD
STATEMENT OF PROJECT DETAILS

Please note that the information below is required so that personal accident insurance can be provided for successful Studentship Applicants over the 10-week duration of their Studentship Project.

University: _____

Studentship Applicant Name : _____

Academic Supervisor Name: _____

Host Organisation Name: _____

Host Organisation Managing Director/Principal Name:

Host Organisation Supervisor Name: _____

Address at which project will be undertaken:

Street : _____

Suburb: _____

State: WA Postcode: _____

Project Commencement date: __/__/200__ Project Cessation date: __/__/2006

I _____ (*print* Studentship Recipient name) declare that the information provided above is to the best of my knowledge true, complete and correct.

Signature _____

(Studentship Recipient)

I _____ (*print* Host Organisation representative name) declare that the information provided above is to the best of my knowledge true, complete and correct.

Signature _____

(Host Organisation Representative)

END OF APPLICATION FORM